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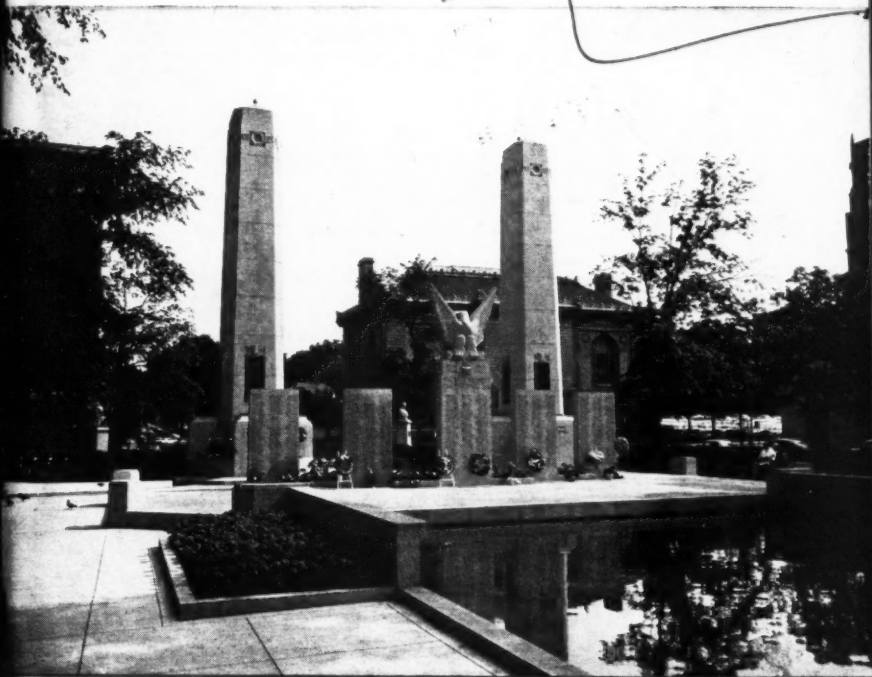
APR 7 - 1959

Oral Hygiene

APRIL 1959

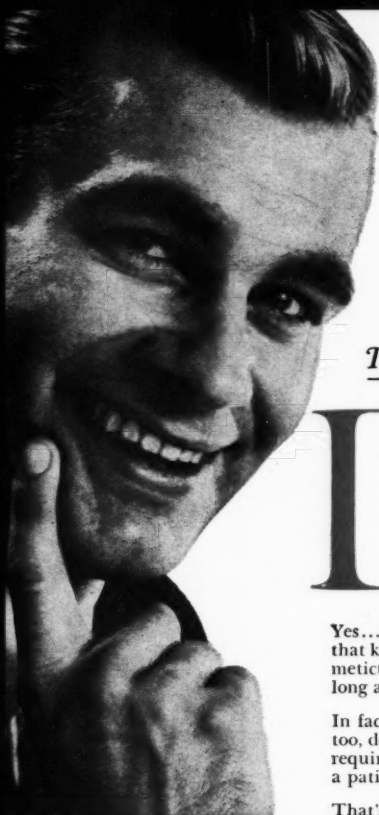
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Veterans Memorial Park, Grand Rapids, Michigan. The 102nd annual meeting of the Michigan State Dental Association will be held April 20 to 22, 1959.

In this issue:
RELAXATION FOR THE DENTIST
AND THE PATIENT



*High Rotary Speeds... Truly Indicate
THE Anesthetic with*

DPD



Yes...patients *do* desire a duration of anesthesia that keeps them comfortable while you do your unhurried, meticulous job...but then doesn't linger unnecessarily long after you've dismissed them.

In fact, isn't that *precisely* the type of duration you, too, desire? Not so short that you have an agitated patient requiring reinjection...not so long that you have a patient disgruntled by protracted paraesthesia.

That's the duration you get with RAVOCAINE HCl 0.4% and NOVOCAIN 2% with NEO-COBEFRIN 1:20,000 and, of course, you also get these other fine features for which this solution is acclaimed:

- **Extremely Fast Onset** • **Unprecedented Depth**
- **Unsurpassed Tolerance**

** Duration
Patients
Desire*

*Go ALL Modern—Order your supply today
in standard or short size cartridges.*



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Laboratories Inc.

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RAVOCAINE HCl AND **NOVOCAIN**
Brand of propoxycaïne HCl Brand of procaine HCl
WITH **NEO-COBEFRIN**
Brand of levo-nordefrin

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SUPERIOR
TO ASPIRIN OR
BUFFERED
ASPIRIN...

TO MINIMIZE TRAUMATIC PAIN

Emotional trauma produced by pain following extraction is also a segment of the pain syndrome which must be taken into consideration and treated. The dentist should find Anacin particularly effective in the management of such pain.

In addition to affording effective and prolonged pain-relief, Anacin Tablets have a special selective sedative action—superior to aspirin or buffered aspirin.

Anacin exerts a *better total effect* in pain relief by diminishing the emotional upset and inducing a more noticeable state of relaxation. Excellent tolerance.

Anacin lessens the need for narcotics or barbiturates. Preferred by more dentists than any other analgesia.

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FOR A BETTER TOTAL EFFECT
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Drug Inc.

XUM

The Publisher's CORNER

By Mass

No. 453



Those Were the Days

THE PHONE RANG. It was Sam Coulthard. "See the *San Francisco Examiner* this morning? No? Well there's a squib about your dad in Dan Frishman's column Bay Land." Dan Frishman had written: "Here's a malcontent with a letter to the editor claiming that Los Gatos is going to the dogs. Heck, he should have been around when Fen Massol was Mayor of the Cat City. Fen was much more interested in dogs. Had a famous pointer kennel. Or farm as they called it at century's turn."

Dan Frishman must have dug deep in the *Examiner's* morgue for this old, old information. By coincidence, I had been doing some digging too, and had promised, in the February CORNER, to print a few paragraphs from time to time.

Doctor Al Burgess of Los Gatos is helping. Al's dental office is on Massol Avenue, on part of the land that used to be Dad's ranch in the 80's and 90's. Somehow or other, the family managed to hang onto a brittle clipping of the *Examiner* story, "A Few Scenes at the Massol Dog Farm at Los Gatos," which carried pen sketches of my dad and my mother and me. Text of the *Examiner* story is extremely well done. Here is part of it:

"The Mayor comes by his fondness for field sports and the incidents of life with gun and rod quite legitimately, being the son of one of the rarest sportsmen of early California days. Massol senior (Florian Augustus), contemporary as a young man with Governor

(Continued on page 6)

FOREGGER ANALGESIA APPARATUS FOR DENTISTRY



LANGANALGESIA APPARATUS

(for small cylinders only)
complete w/ Langa Nasal Inhaler and medium
nose piece \$280.00
to use Large "G" Cylinders add:
1 ea. N₂O, O₂ • #162—L reducing valve
@ \$40.00-80.00
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(for large "G" cylinders only)
complete with/ Langa Nasal Inhaler, medium
nose piece, 2-8' length high pressure tubing
w/ female Schrader connections \$262.00
Optional: N₂O & O₂ reducing valves @ \$40.00 ea.
Longer hoses @ \$.35 per additional foot.

ACCESSORIES: LANGA NASAL INHALER (for Foregger, McKesson or Heidbrink Machines) **\$35.00**

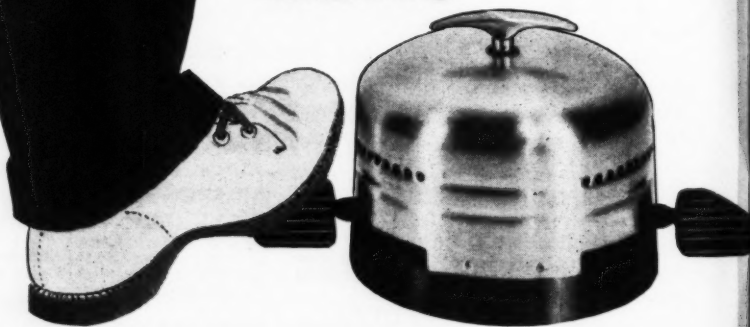
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THE WEBER AIR TURBINE REQUIRES NO CHANGE IN FOOT CONTROL HABITS

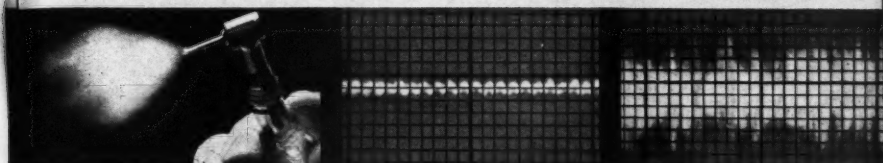


Weber equipment is engineered for you, Doctor, as well as your patients. With a Weber Air Turbine Handpiece you continue using one foot controller which also controls your regular engine. There is no lost motion, confusion, or fatigue. And note this: The same foot controller also controls air/water spray.

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New small head for greater visibility



No Splash Twin Spray (lots of water) — Twin spray built-in-dual water and air outlets provide superlative coverage for positive control of tooth temperature in all cutting procedures — mesial, distal, buccal, lingual or occlusal. Spray hits cutting tool exactly where needed — no annoying splashes.

Oscilloscopic tests prove: Weber Air Turbine Handpiece — No perceptible vibration.

Oscilloscopic tests prove: Belt-driven handpiece — Highly perceptible vibration.

some exclusive features of the **WEBER** AT-200 Air Turbine Handpiece

PUSH BUTTON CONTROLS—

New freedom and greater convenience. Speed control and spray control knobs are close at hand for easy, swift adjustment.

NEW AIR TURBINE HANDPIECE HANGER

rotates into the position most convenient for you and then locks to provide a fixed position that eliminates groping and fumbling. Hose tension is eliminated which gives you freedom of movement.

AIR PRESSURE GAUGE

is highly visible and calibrated in pounds pressure to the handpiece for accurate speed control and compressor performance. Check it at a glance.

MORE TORQUE WITH LESS AIR

The torque will sustain the cutting procedure you require. Speed requirements are the individual dentist's choice. Speed is variable from 100,000 to in excess of 300,000 R.P.M. Any compressor which will deliver 1.0 CFM (cubic feet per minute) of air to the handpiece can be used. **WEBER PROVIDES MORE TORQUE WITH LESS AIR THAN ANY OTHER HANDPIECE.**

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See your **WEBER DEALER**



The Weber Dental Manufacturing Company
Canton 5, Ohio



The Examiner story, "A Few Scenes at the Massol Dog Farm at Los Gatos," carried pen sketches of my dad, and my mother, and me.

Stanford, President Huntington, and the men who started the Central Pacific Railroad, was at the head of the business world of Sacramento when that city was really the metropolis of the state. Those were the days when ducks and snipe could be killed on any slough or pond within ten miles of Sutter's Fort, and quail were plenty everywhere.

"It was no unusual thing in the 50's to go into the Yolo tules for feathered game, and come back with a big elk or a fat blacktail. Under that tutelage the present Mayor of Los Gatos could shoot

before he could count his spoils, and from his old-fashioned and accomplished tutor, his father, the boy learned the refinements of sport as well as manual dexterity. It was not surprising then that when the youngster grew up and found most of his estate to be a large tract of land in Los Gatos he should build a kennel and gun-room near the stables, and set up in character as a businessman when necessary and a sportsman at all other times."

And there will be a few more paragraphs here in the CORNER—next month maybe.



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AMPLE OPERATING RANGE

LARGE TANK CAPACITY

NO OILING REQUIRED

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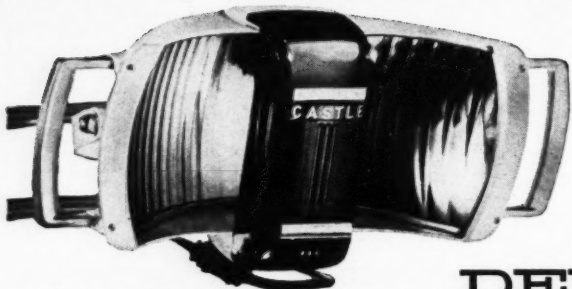
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"Its optics can't be copied!"

DEEP, DEEP DOWN

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Beam a PANOVISION on the wall or floor. Swing it back and forth . . . 2 feet, 4 feet, 3 feet, 5 feet. Watch the pattern. It's magic! From 18 to 80 inches this dental light is *always in focus*, making seeing easier, surer.

One more reason why over 85,000 PANOVISIONS are in use today. Call your Castle dealer for a demonstration and see the difference.

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disposable yet distinctive and economical

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BOOS offers

*proved
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The Swissedent approach to denture esthetics requires thorough understanding and proper application of the dentogenic concept in the laboratory procedure to carry out the artistic concept prescribed by the dentist.

By careful consideration of the patient's sex, personality and age in tooth selection, set-up and contouring, as well as in shaping and tinting the base, we are able to create a distinctive denture individually suited to the person.

Boos denture specialists have had a great deal of experience in this new approach to esthetics and the many gratifying results achieved confirm our belief that it is a most important advancement.



This Swissedenture creates a vigorous, masculine effect for a middle-aged man.

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We are happy to give estimates on any type of case. Just send models and description.

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Unlimited in Scope
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A TYPICAL EXAMPLE OF THE DENTOGENIC CONCEPT



The conventional approach to esthetics lacks true identification with the patient's individual characteristics.



This dentogenic interpretation restores the natural features of the patient's sex, personality and age.

DENTOGENIC CONCEPT EFFECTIVELY APPLIED IN OTHER RESTORATIONS

In the construction of other restorations such as jacket crowns, bridges and partial dentures, the dentogenic approach to esthetics may also be applied to reflect the personality and appearance of each individual.

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Because Richmond Rolls are pure absorbent cotton throughout, they bend easily to the buccal curvature, fit snugly to absorb rapidly. And because there is no starchy coating, Richmond Rolls do not stick to

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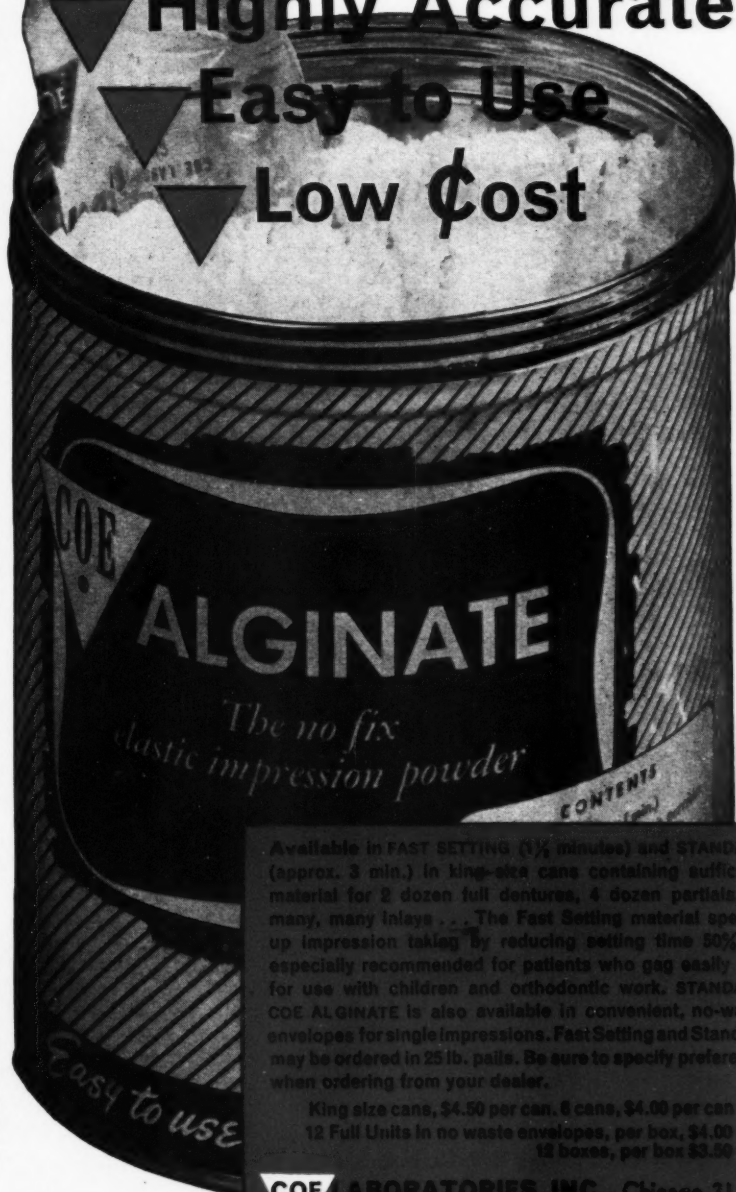
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Available in FAST SETTING (1½ minutes) and STANDARD (approx. 3 min.) in king-size cans containing sufficient material for 2 dozen full dentures, 4 dozen partials, or many, many inlays . . . The Fast Setting material speeds up impression taking by reducing setting time 50%, is especially recommended for patients who gag easily and for use with children and orthodontic work. STANDARD COE ALGINATE is also available in convenient, no-waste envelopes for single impressions. Fast Setting and Standard may be ordered in 25 lb. pails. Be sure to specify preference when ordering from your dealer.

King size cans, \$4.50 per can. 6 cans, \$4.00 per can
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*unequalled
for lasting
life-like
restorations*

HERE ARE 5 REASONS WHY

Invisibility of restorations is due to New Filling Porcelain's improved color range and tooth-like opacity causing light rays to be absorbed and reflected in the same manner as they are by the teeth.

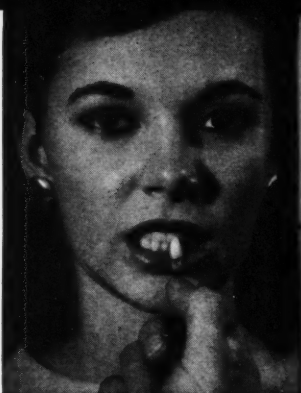
Color stability. Pigments used in the tooth colors are rigorously tested for stability in use. These colors match the most minute variations in human teeth.

Natural fluorescence. Under ultra-violet light New Filling Porcelain retains its natural look, due to the use of a new phosphor developed by S. S. White.

Accurate matching. Matching can be done in natural or artificial light. Color specimen carried from the color guide to patient's mouth need not be wet.

Extra strength. Greatly exceeds the A.D.A. strength requirements of 23,000 p.s.i. in 24 hours. New Filling Porcelain has a 24 hour compressive strength of 32,000 p.s.i. and crushes at 37,000 p.s.i. in 7 days, closely approximating the strength of natural teeth.

THE S. S. WHITE DENTAL MFG. CO. Phila. 5, Pa.



S. S. WHITE NEW FILLING PORCELAIN

10-2

S.S. WHITE

new

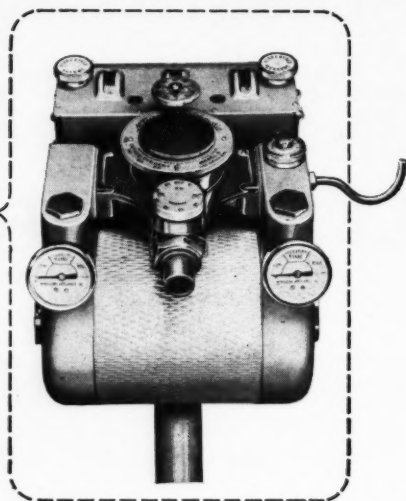
Filling Porcelain

GUARANTEED TO COMPLY WITH A.D.A. SPECIFICATION No. 2 FIRST REVISION



10-2 PACKAGE CONTAINS 10 POWDERS, 2 LIQUIDS AND
NEW FILLING PORCELAIN COLOR GUIDE

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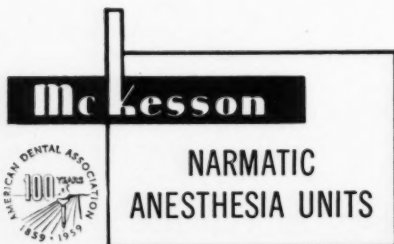
Narmatic furnishes the power (pressure automatically maintained) to control any patient, not merely the easy short case, but *all* cases.

2. greater accuracy...

Narmatic delivers any mixture of nitrous oxide and oxygen within 2 percent of the percentage dial scale, quite remarkable considering the various flow rates obtainable from this unit.

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Narmatic provides for rebreathing gases under pressure, greatly reducing the amount of gas required for dental anesthesia.



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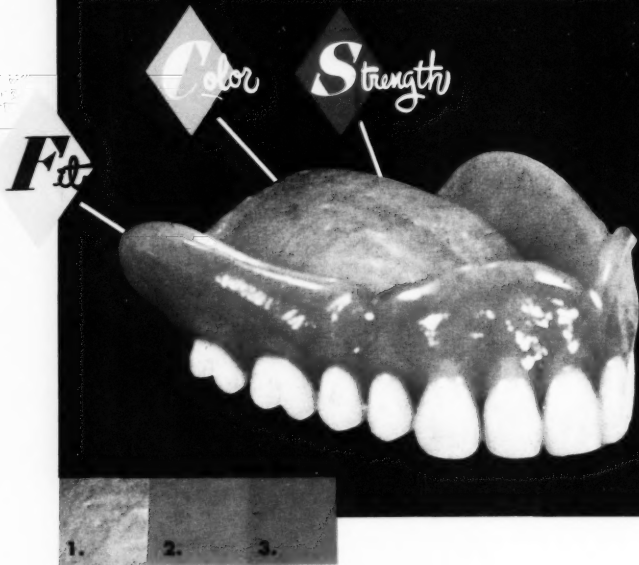
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We are proud to join in the well-deserved recognition given the American Dental Association on the occasion of their Centennial celebration.

This is also a significant year for the Oral B Company, which celebrates its first decade of service to the Dental profession. The ten-year period since 1949 has seen the introduction and Nation-wide distribution of the ORAL B Toothbrush, which incorporates new features long recommended by members of the Dental profession.

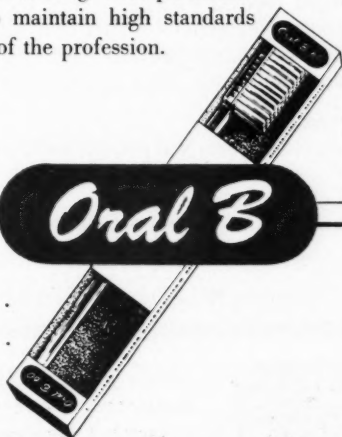
It is our hope that by continuing to work closely with the Dental profession we may further assist in their efforts to improve dental health.

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- 1 texture . . .
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Caroid Dental Powder keeps teeth sparkling clean and free from protein food particles that brushing alone cannot reach. Caroid®—the potent mucosolvent and protein digestant—thins tenacious oral mucin, and helps prevent the formation of soft tartar.

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Powerful yet gentle for every dental need. Clears the operating field of all blood, bone, tooth fragments, saliva, amalgam, abrasives, debris, slurry and water coolant. Attaches to operating light column in a few minutes. No special plumbing or wiring.

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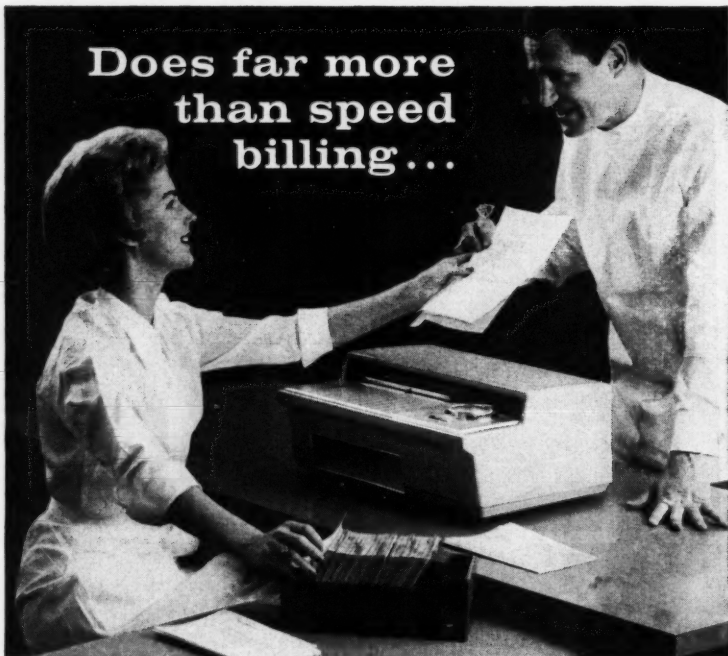
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Do your patients inquire about Gingival conditions?



20B

Prescribe Neutrox—the vital link between office treatment and daily home care

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The Neutrox formula brings oxygen therapy to its highest point of practical application. It releases 3.7 times more active oxygen than sodium perborate USP with no fear of "perborate burn". That's because Neutrox is buffered to keep pH neutral.

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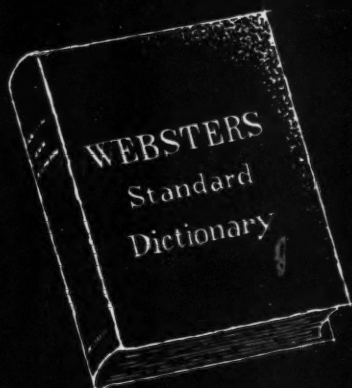
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for it...

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To rely upon . . . to place full trust in . . . it is thus Webster defined dependable. Yes, years of proven service to the profession qualify Odontographic in this respect.

The Odontographic process, eliminating volatilization, keeps intact the properly balanced proportions . . . providing dense, durable amalgam filling of uniform quality . . . every time. Dependable? Yes, indeed!

Complies with A.D.A. specifications.
Available in regular or extra fine cut.



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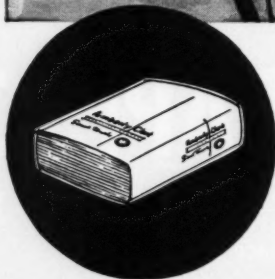
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preparation is complete
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StarLITE diamond SMOOTH FINISHERS

They do what no other cutting instrument can at ultra-speed: leave tooth surfaces smooth, polished, and free of ridges and scallops caused by carbide burs and rough-cutting diamonds.

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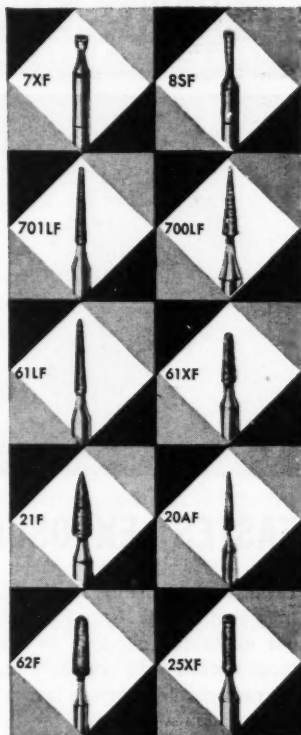
Cutting surfaces covered with specially-refined diamond powder . . . finest grit obtainable. But that's only part of the story—Smooth-Finishers cannot be copied by anyone.

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METAL BOND . . . Specially-engineered to contain the finer-grit diamonds. And, the instrument shapes and sizes are made to closest tolerances ever achieved in diamond instrument manufacture—tested and checked on a special Starlite Visual Comparator to assure the true-shaped, true-running diamond instruments so necessary for finishing at ultra-speed.

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For all crown and bridge, inlays, and amalgams. And, many Dentists are using them for "final-step" cutting especially in intracoronal preparations because Smooth-Finishers cut more slowly — provide an extra-margin of safety at ultra-speeds. Starlite Smooth-Finishers with friction-grip shanks, and to fit Kerr Superspeed Handpieces.



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STAR DENTAL MFG. CO. INC., Philadelphia 39, Pa.

20E



Better Things for Better Living...through Chemistry



FASTEST EXPOSURES with "LF" Film!

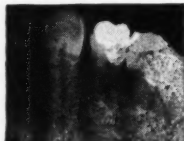
Living up to its name, Du Pont Lightning Fast Dental X-ray Film lets you use exposures *one-fifth* as long as those needed with regular film. Yet the radiographs compare favorably in every diagnostic detail.

Lightning Fast Film is designed for use with the long-cone technique or with low-powered x-ray units. With the long-cone technique which gives less distortion, it permits fast exposures. With low kilovoltage units, it makes split-second exposures possible. There is less risk of radiographs being spoiled by patient motion. Tube wear is reduced and less radiation is emitted.

NOTE: With Lightning Fast Film, the accuracy of your timer is extremely important. Wide variations in the density of radiographs indicate your timer or the method of setting it should be checked.

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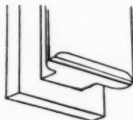
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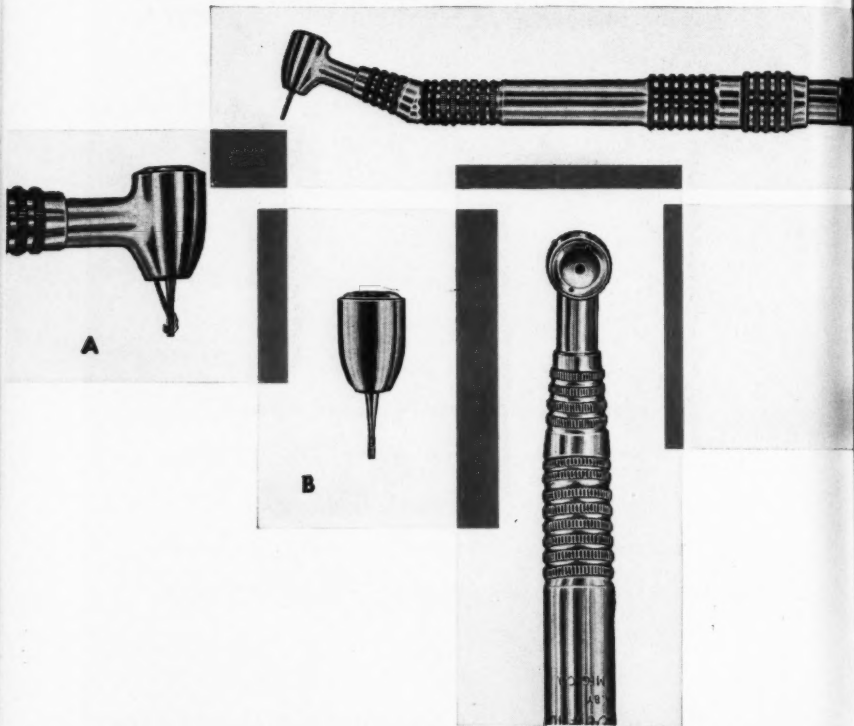
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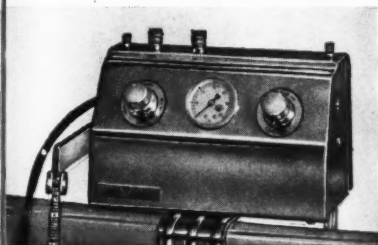
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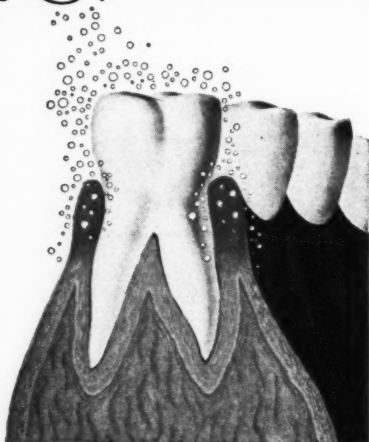
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1. Oxygen uptake by normal and inflamed gingiva and saliva. Schrader and Schrader. *Helvets. odont. acta.* 1:13-16, (April) 1957.
2. Behrman, S. J.; Fater, S. B.; Grodberg, D. L.; An Evaluation of Oxygenating Agents in the Treatment of Gingival Inflammation. *J. Dent. Med.*, (October) 1958.
3. The New York Hospital—Cornell Medical Center. Presented as a Scientific Exhibit at the American Dental Association, Annual Session, (November) 1957.

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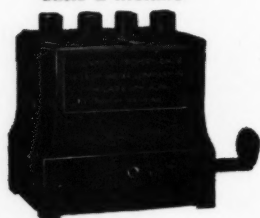


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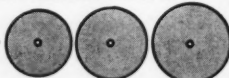


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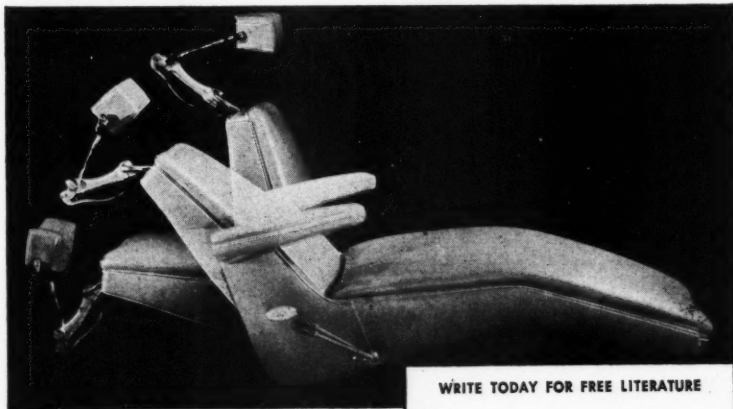
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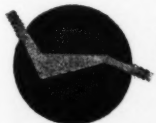
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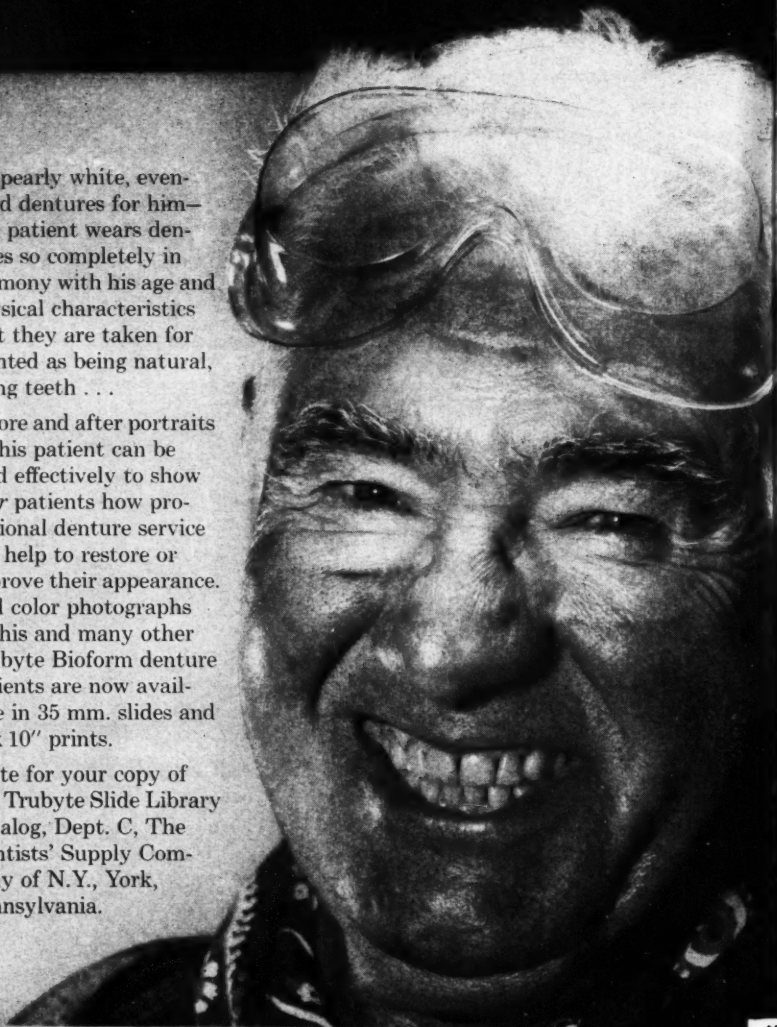


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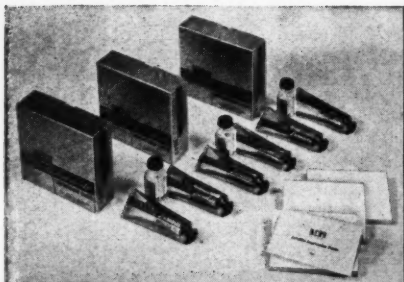
Work-and-storage centers tailored for the Dental operator

Picture of the Month



DOCTOR Adolphe de Castro of Los Angeles, is presented with a scroll on his 100th birthday by Councilman Harold Henry for his part in civic life. Doctor Castro took a leading role in the campaigns of Theodore Roosevelt, and has been active as an author and lecturer throughout his dental career.—*Photograph courtesy of the Los Angeles Herald-Express.*

Ten dollars will be paid for the picture submitted and used in this department each month. Send glossy prints with return postage to ORAL HYGIENE, 708 Church Street, Evanston, Illinois.



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Relaxation for the Patient and the Dentist

BY ROBERT A. ATTERBURY, BS, DDS,

AND SUNDER J. VAZIRANI, MS, DDS*

RELAXATION techniques offer a means of making dental procedures more comfortable for the patient and easier for the dentist. Relaxation almost automatically relieves or overcomes anxieties, fears, and apprehension, which lower the pain threshold.

The various psychosomatic phenomena and their practical application to dental and oral surgery are still in their infancy; great progress has been made, however, and exceptional possibilities for the future are already apparent. A new dimension in the management and control of patients is being developed.

The phenomena are not completely understood. The same may be said of many other methods now in use that in the past were not in themselves fully understood.

*Doctor Atterbury is Clinical Assistant Professor of Oral and Maxillofacial Surgery, University of Illinois College of Dentistry; Doctor Vazirani is an Instructor in Oral and Maxillofacial Surgery at the same institution, and Assistant in Anatomy, University of Illinois, College of Medicine.

You can relax! The authors include a self-relaxing exercise in their discussion of the value of relaxation in the performance of professional services.

The physiology of local and general anesthetics is not completely known and they have not been abandoned. The chemistry involved in chemical anesthesia is known, of course, but the exact cause of numbness is another matter. It is not our intention to supplant present-day methods and techniques, but to create and develop an interest in this invaluable adjunct.

The first prerequisite for any suggestive technique is complete relaxation, or as near to it as possible which, when achieved, in itself relieves tension, anxiety, and diminishes and at times avoids all

hostility. With this thought in mind, one can readily see the value of the application of dental psychologic techniques—the elimination of fear, pain, anxiety, tension, hostility—all the usual causes for patients avoiding the dentist, and even the cause for many chronic illnesses of psychosomatic origin.

The application of psychosomatic principles to dentistry using the relaxation approach is an auxiliary aid both for the patient's comfort and the dentist's ease. The patient will not resist this type of relaxation exercise. It does not consume any additional time, as it is applied so smoothly that it is incorporated in the dental treatment of the patient. It also provides a less fatiguing approach, all of which produces relaxed patients in an undisturbed and quiet atmosphere. This relaxation is accomplished by the use of worded suggestions, a narrowing down of the conscious effort of the patient for greater concentration, the acceptance of the suggestions, and finally the patient's response. The direct application of the relaxing technique is based on the relationship between tension and the lowering of the pain threshold. The greater the tension, the lower the pain threshold, and the greater the pain realization factor. The more relaxed the patient, the higher the pain threshold.

The more relaxed you are, the better adjusted your life will be. Tension can produce eyestrain, headache, stiff neck and shoulder

muscles, and other physical and mental manifestations. Anybody who cannot relax is tense with muscular contractions. This can continue through the day and often through the night. This circle of tensions may produce digestive problems, often pain and physical discomfort. It would seem then that one of the best ways to be happy and well adjusted is to learn to relax. This is not easy as it entails the use of your mental powers with emphasis on physical relaxation.

It is our contention that the following self-relaxing exercise has a definite place in dentistry and in our field of oral surgery, both for the patient and the dentist. The employment of any method which will help relax the patient and the dentist, and create an undisturbed and quiet environment is necessary in addition to our modern anesthesia. It is hoped that the profession will realize even more fully than at present the importance of the application of psychologic dental techniques and the psychologic use of words. All this will contribute to the advancement of hypnosis in dentistry.

Mental Relaxation

Visualize something beautiful. Recall to your mind a peaceful scene. It may be a warm Sunday afternoon at the beach with the waves creeping over the soft sand; or it may be an evening in front of a warm fireplace with dancing

ORAL HYGIENE

shadows. Try to imagine this beautiful picture.¹

Now try your sense of smell. Remember a pleasing fragrance, perhaps a perfume or the scent of a flower. Whatever you remember, try to recall the complete sensation.

Now try to re-feel the nicest thing you have ever felt with your hands, the feel of soft warm sand sifting through the fingers, the touch of satin or whatever gave you a pleasant experience by touching with your fingers.

After you have accomplished this, try to recall the most pleasing sound you have heard, the singing of birds or the whine of a sawmill.

When you have recalled this pleasant sensation, try to think of the nicest taste you have ever known. A fresh, delicious, and juicy tree-ripened pear. Or maybe a juicy tender steak.

Now that your imagination is being entertained with all pleasant sensations, you can almost feel the body tension float away and peace of mind take over.

Physical Relaxation

Now imagine a warm breeze is moving up your legs, gently blowing over your knees, up your thighs, and as it passes over these areas it leaves them completely relaxed.

The warm breeze flows softly

¹Atterbury, R. A.: Clinical Methods of Hypnotic Induction, DENTAL DIGEST 63:74 (February) 1957.

over your hips, your stomach, your ribs and over both arms, over your shoulders, gradually up to your neck, covering your face and your head. It has passed over your whole body and has left you completely relaxed.

You can actually feel your legs and arms become heavy and relaxed. Your body feels quite heavy and your back is pressed tightly against the bed, completely relaxed. You feel comfortable and pleased with your new self.

Maintain this state of relaxation and lie still between five and ten minutes. Now arise slowly and stretch. Raise and extend your arms above your head, arch the back and stretch. Now extend each leg and return to a more relaxed state.

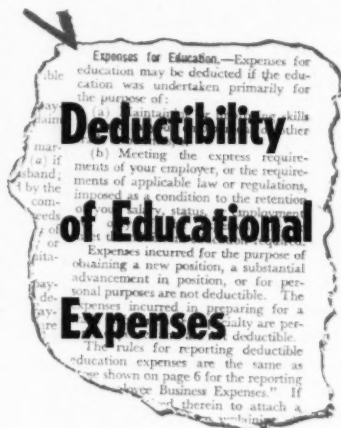
Relaxation Completed

You have now experienced complete relaxation. You feel refreshed and relaxed within yourself, because your nervous system has had a chance to completely relax, your body muscles have been released from tension, and even your state of mind is refreshed. You have relaxed!

This relaxing exercise should be a daily practice. The total benefit of relaxation will increase with prolonged practice.

1011 Lake Street
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your Federal INCOME TAX



BY JOSEPH ARKIN, CPA

FOR MANY years a fight has raged between taxpayers and the tax collector over the deductibility of educational expenditures.

Recently a new set of regulations was issued for salaried individuals and for self-employed persons.

They provide that expenditures made by a taxpayer for his education are deductible if they are for education (including research activities) undertaken primarily for the purpose of:

1. Maintaining or improving skills required by the taxpayer in his employment or other trade or business, or
2. Meeting the express requirements of a taxpayer's employer, or the requirements of applicable law

or regulations, imposed as a condition to the retention by the taxpayer of his salary, status, or employment.

Expenditures made by a taxpayer for his education are not deductible if they are for education undertaken primarily for the purpose of obtaining a new position or substantial advancement in position, or primarily for the purpose of fulfilling the general educational aspirations or other personal purposes of the taxpayer.

How do these rules apply to the self-employed dentist?

Example: Doctor Smith, a general practitioner of dentistry, takes a course of study in orthodontia in order to become an orthodontist. Doctor Jones, also a general practitioner of dentistry, takes a two-

This explanation of a new set of income tax regulations and specific examples will help you determine what you may deduct as educational expense.

week course reviewing developments in several specialized fields, including orthodontia, for the purpose of carrying on his general practice.

Doctor Smith's expenses are *not* deductible because the course of study *qualified* him for a specialty within his profession. Doctor Jones' expenses for his education and any transportation, meals, and lodging while away from home *are* deductible because they were undertaken primarily to *improve* skills required by him in his profession.

Example: The course taken by Doctor Jones is offered in a city which is 500 miles away from home. His primary purpose in going to this city is to take the course, but he also takes a side trip to another city, 50 miles away, for one day, to take a sightseeing trip and to entertain friends in that city. His transportation expenses to the city where the course is given are deductible, but his expenses for the "side tour" are not. Doctor Jones must also allocate his expenses for meals and lodging

while away from home between his educational pursuits and his personal activities. The expenses such as sightseeing and entertaining friends are personal, and are not deductible to any extent.

Example: The facts are the same as in the previous example except that his primary purpose in going to the city where the course is given is to take a vacation. This purpose is indicated by several factors, one of which is the fact that he spends only two weeks attending the course and devotes five weeks entirely to personal activities. None of Doctor Jones' transportation expenses are deductible, and his expenses for meals and lodging while away from home are not deductible to the extent attributable to his personal activities. His expenses for meals and lodging allocable to the weeks attending the course are, however, deductible.

These rules and regulations are retroactive to the years 1954, 1955, 1956, and 1957. Claims for refund for educational expenditures incurred during these years and not deducted may be filed on Form 843 or by filing amended returns on Form 1040. The last day for filing claims for 1954 was November 2, 1958, while for other years it is three years from the due date of the return (exclusive of any extension of time) or within two years of date of payment.

The Mechanics of WALL STREET



BY DAVID L. MARKSTEIN

WHEN I was a boy in high school, one of my professors made a lasting impression on me—not by force of personality but by force of teaching. He clothed the sometimes dry bones of economics with charts covering three blackboards of his classroom. These charts gave daily quotations from the New York Exchange, and his students learned something about the mechanics of Wall Street by the most practical of methods, “buying” and “selling” securities.

Sometimes while working as an investment counselor I wish that all economics teachers used a method as graphic. Many investors, often men with considerable stakes in the stock market, lack an understanding of what stocks and bonds

are, their possibilities and limitations, and how securities are bought and sold. This is understandable, of course, in the case of busy professional men whose spare time as well as working time is often crammed with patients' problems and the effort of keeping up with late advances. So here, for what help it can give, is a brief run-down of the big world of Wall Street:

First, what are stocks, bonds, preferreds, convertibles, debentures, and the like?

Common Stock: For definition, common stock represents ownership of a corporation. If Corporation A has 1,000,000 shares of stock outstanding, and you own 100 shares, you own one ten-thousandth of the business. This entitles you to receive dividends if

Here is a definition of the various securities and an explanation of current methods of buying and selling.

they are paid, and to vote for corporation officers, and on corporate matters *if* your stock carries this privilege. Should that sound like a paradox—common stock ownership without voting privileges—it is nonetheless true. In many cases, when first selling stock to the public, owners reserve a “Class A” or “Class B” common for themselves, and vest all voting rights in this issue. (Every new issue listed on the New York Stock Exchange, however, must give common stockholders full voting rights. It is mostly among unlisted issues—and we will come to the difference between listed and unlisted markets shortly—that nonvoting common is to be found.)

The common stockholder is entitled to “dividends” if the company makes money, and when the directors see fit to declare a dividend. When directors do not—which seldom if ever happens in leading companies except in the hardest times—this represents no chicanery on their part. They may be conserving cash for expansion which will pay off later, or plowing profits back into research, again aimed at a later and larger payoff.

There is no certainty of how

large a dividend will be, or its continuity. But in practice and in well-managed corporations, dividends are pretty steady and often larger than bond interest. If a company grows, so do your dividends; and this is where you differ from holders of “fixed income” types of securities. If you want your income and capital to grow, the field of common stocks is a good bet—the best in my opinion.

Preferred Stock: A great many dentists are confused by “preferred” stock. Preferred to what? How safe is it? How much equity is given away?

First, preferred stock, like common stock and bonds, is a security. Its issuance calls for the same legal and regulatory steps as does the putting out of common stock and bonds. Preferred stock is literally what its name says it is. It is stock—not a bond or other debt obligation. Unlike common stock, it does not necessarily represent voting rights (although in many cases preferred holders can vote). Sometimes preferred stockholders exercise voting rights only when the company gets into arrears on their payments.

Convertible Preferreds: One of the more interesting types of preferred issues is “convertible” preferreds. (Some debentures also carry this privilege.) This means, quite simply, that the preferred stock can be converted into common stock at the holder’s option and at a predetermined price.

American Telephone and Telegraph has sold many convertibles of different types.

The advantage from the point of view of the owner of a *convertible* is that if the company grows and the common stock consequently advances in market price, he can cash in on this growth by converting his preferred into common. If things do not work out so well, the holder of a convertible preferred (or a convertible bond) can play it safe by sitting back with his basically more conservative holding and collecting his more assured dividends.

That is the whole point of preferred stock. The dividends are more assured than dividends on common stock. Dividends declared on common stock follow the fortunes of the company. They are higher when earnings are up, lower when earnings are down. But preferred stock is given a set dividend rate which must be paid *before* as much as 5 cents may be given to the holders of common stock. However, unlike a bondholder, the preferred stockholder does not have "protection" in the form of collateral to secure his money.

If a company defaults on bond interest and continues to do so, the bondholders may go to court and petition for a sale of assets that secure their bond, or even for bankruptcy of the company. In any liquidation, bondholders are paid off first, holders of preferred stock

next, and the holders of common stock get what is left.

If a company does not pay its preferred dividends, on the other hand, the preferred stockholder cannot do much except wait, knowing that if the company ever recovers it must pay him before it can give anything to the common stockholders who own it. Some issues accumulate such arrears; with others there is a limit beyond which arrears cannot go.

Bonds: The dentist who holds bonds of a company holds its IOU. Issuance of bonds is nothing but a form of borrowing. A corporation borrows more than it usually could raise from one lender or even a syndicate of lenders, and over a longer period of time.

A bond may be secured by real estate or by the plant and equipment of a firm. If it is unsecured, it is called a debenture. Some bonds, debentures in particular, carry conversion privileges similar to those of a convertible preferred, with the same advantages. Note, however, that conversion into common stock is a privilege worth having *only* in a company going strongly upward, whose common stock is becoming worth more each year.

Stocks and bonds are bought either on an Exchange (in which case they are "listed" securities), or else in a wider but less tangible market known as the "over the counter" market. The latter are "unlisted" securities.

Buying On The Exchange: The best way to illustrate the difference in trading methods between an order to buy or sell on an exchange and one in the unlisted market is to follow two hypothetical orders.

In the first, Doctor Doe gives an order to buy 100 shares of XYZ Corporation to his broker. First, for this order to be executed, the broker must be a member of the Exchange in question, or he must turn it over to another broker who is a member for execution. This order is wired to the New York office of the member firm. From there it goes out to the company's floor broker who receives the order and walks to a "post" where the stock of XYZ Corporation is traded. There he finds other brokers interested in buying or selling XYZ and another man called a specialist. To the specialist, he asks, "How's XYZ?" without indicating whether he will buy or sell. The specialist consults his book of buy and sell bids and offers and answers, "20½ offered at three-quarters."

This means that other brokers have placed with him orders to buy at 20½ or sell at 20¾. If the floor broker has a "market" order from Doctor Doe he may take the stock at 20¾ unless he can get a better offer from one of the other brokers standing there.

(A "market order" is one to buy or sell "at the market." This means at the best available price at the

moment of execution. A "limit order," on the other hand, is one to buy or sell at only a set figure. Doctor Doe might have put in the order to buy XYZ at 20; in that case his firm's floor broker will have it entered in the specialist's book, and if the stock hits 20 he will buy. Of course it may never hit 20, or it may be weeks getting to that figure. In general, long-term investors do best putting in their orders "at the market.")

All of this takes as little as five minutes from the time Doctor Doe has put in an order in his home town. Or in the case of an infrequently traded issue, or a limit order that is slightly off the market, it may take hours.

Unlisted Market: To many investors, the over-the-counter market where "off-board" or "unlisted" securities are bought and sold is a never-never land; to others it is a trap for the unwary who stray from the "safe" stocks of the big board and other exchanges. But in this market an estimated 50,000 different stocks are traded. Only around 2000 issues are traded on the New York Stock Exchanges and American Stock Exchange combined. It comprises all kinds of issues, speculative stocks, unseasoned equities, penny cats and dogs, right on up to some of the most conservative securities in the country. On the over-the-counter market, for example, you can buy \$14,000 per share Christiana Se-

curities, the DuPont family's holding company. You can also buy some speculations at $\frac{1}{2}\epsilon$ per share, and almost anything in between.

Many of today's top growth issues are unlisted, and a great number of those that are listed were traded in the off-board market only five or ten years ago. So it is not such a dangerous place, if you resist the siren songs of promoters who have some new "babies" to sell that are "sure" to double or triple in a month. Buying *strong* over-the-counter growth issues can be as simple as buying or selling any listed stock.

Specialist Dealer: When Doctor Doe gives his broker an order, the broker will get in touch, not with the floor of an exchange, but with someone who "makes a market" in that particular unlisted stock. This means that he carries stock in his inventory the same way a men's wear shop carries shirts in its inventory. He will buy when Doctor Doe wants to sell, or sell when Doctor Doe wishes to buy. His own broker may, of course, have a ready buyer or seller for an unlisted stock, in which case this specialist dealer firm will not enter the picture. But most times he goes to the specialist. Some larger brokerage houses make it a rule that the quotes of at least three of these specialists who "make markets" must be had, and the best deal made out of those three calls.

Doctor Doe's quote will come back something like this: "20 $\frac{1}{2}$

bid, 22 asked." This means the specialist has stock to sell at 22 and orders to buy at 20 $\frac{1}{2}$. If this seems a pretty wide spread, chances are it is. It is called the "outside" price. It is the figure you are likely to read in your morning paper. It is possibly both lower than reality on the bid side, and higher than reality on the ask side. The purpose of this is not to deceive you, but to give some leeway for bargaining between you and your own broker-dealer.

If he is a reputable business man—and 99 per cent are—ask your broker to get you the "inside" price. This is the realistic figure. The chances are you will be able to strike a bargain either to buy or sell somewhere between the bid and asked figures. Off this figure, you will have to pay commission of course. Some firms charge higher commissions on over-the-counter orders than those obtained on the New York Stock Exchange. Ask your broker whether he is willing to handle over-the-counter transactions at the inside price plus New York Stock Exchange commission. Most will say yes.

Now you have two choices. You can trade "net" without commission or else pay this inside price plus commission. Trading without commission looks inviting, but in most cases you would be well advised not to do it that way. The net price may well contain a markup considerably higher than a com-

(Continued on page 46)

Your assistant's impressions from observations and conversations with patients may be a valuable aid in making a diagnosis.

WITH the increased consideration now being given to high speed units and extensive bridgework with full coverage and connected abutments, one would imagine that diagnosis is suffering from neglect in the dental office. The conscientious dentist, however, realizes that diagnosis, carefully planned and systematically performed, is an essential preliminary to successful treatment planning. At the same time, one must admit that, despite long experience, it often consumes a substantial amount of time. The old-time teachers of what used to be called *Dental Economics* would classify the time spent in diagnosis as nonproductive. In comparison with cavity preparation or cementing a crown in place, a debit charge to the patient could not, in their opinion, be entered on the books for a diagnostic interview.

Let us assume that our immediate concern is to discover a method whereby we can achieve some economy in the length of time needed for a thorough diagnosis. Some have solved the problem by

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CONSULTATION CLINIC:

The Dental Assistant in a Diagnostic Program

BY ARTHUR ELFENBAUM, BA, DDS*

letting the patient fill out a printed questionnaire, but those who favor it and continue to use it, cannot deny that it does not give the patient any opportunity to express himself. Self-expression by a patient is a recognized prerequisite to diagnosis and treatment planning. Some therapists go so far as to call it "catharsis," others prefer to refer to it as "ventilation," but in either case somebody has to be present to guide and prompt the patient to express himself, so that on some occasions he actually reveals the diagnosis without knowing it.

There is no substitute for personal contact between a patient and a therapist when the patient is concerned about his health. In a dental as well as a medical office, a preliminary contact can be made through an assistant. It is common practice in a physician's office for the initial interview to be held with a junior associate. The public is thoroughly conditioned to such a procedure, and in general it has proved to be satisfactory. In dental offices where there are senior and junior associates, the practice of letting the younger practitioner take the preliminary history and make an oral survey has not yet been established. It should be given more consideration, especially in those offices where a senior associate has difficulty in transferring a patient to a younger man. Nothing can "break the ice" more effectively

than a friendly and confidential talk between patient and dentist, followed by an examination of the mouth and its structures before roentgenograms are prescribed.

Most dental offices, however, are operated by a dentist and his woman assistant. At this point some reader may have already jumped to the conclusion that if the assistant is expected to help him with the diagnosis, it will not work in his office. His assistant has no time to sit down and carry on a lengthy conversation with a patient, and, furthermore, she does not have the background to follow the required procedure systematically and scientifically. We feel justified in retorting that in many medical offices women who are busy with other duties do find time to take an adequate history. They do it well and are diplomatic enough not to indulge in intimate details which belong only in physician-patient relations. A modification of the same system can operate successfully in a dental office.

Instruct Assistant to Observe

The secret of diagnosis is observation, and the impressions gleaned from observing are the basis of good diagnosis. It has been said of those who have developed the diagnostic art to a high degree that they have a sixth sense called intuition, or that they form opinions from hunches. Inasmuch as woman has been credited with the gift of intuition, she should defi-

nately capitalize on it in her occupation. There is no reason why a dental assistant should not notice that a patient, after climbing a flight of stairs, had a marked difficulty in breathing (dyspnea), a flushed face (cyanosis) and that he sat upright on the edge of the chair in the reception room (orthopnea). She should relay the information to the dentist, because by the time the patient enters the operatory, he may have regained his composure; and it is quite possible that the dentist may overlook the cardiac condition and fail to relate it to the proper use of an anesthetic or to traumatic treatment.

The assistant should notice such abnormalities as the flapping gait of tabes dorsalis; the lesion in the mouth may be syphilitic and not caused by an accidental bite, as the patient stated. The obese woman with a hairy growth on her lip and chin (hirsutism) and black and blue marks on her arms and legs (ecchymosis and purpura), may have Cushing's syndrome and not a greedy appetite. The obvious discoloration is the result of a severe capillary fragility which is part of the syndrome; therefore, extractions would involve a serious risk. The patient with an acetone odor on his breath or from his body may be a diabetic, and his complaint about slow healing may be part of the disease picture, not the fault of the surgeon. If a patient protested that her eyes hurt

(photophobia) when the assistant turned on the lights in the reception room and later complained to the dentist that she had a burning tongue, it might lead to a diagnosis of vitamin B complex deficiency. Had she said that the reception room seemed to be awfully dark after coming in from the bright sunshine outside, it might indicate a vitamin A deficiency, and the dentist could correlate it with her complaint that her mouth was dry (asialorrhea) and that her upper denture kept dropping. A patient who asks the assistant for a glass of water to wash down his Dicumarol® tablet has unknowingly given the information that he is a surgical risk. The anticoagulant lowers the prothrombin level of the blood, and despite opinions to the contrary, enough authorities still insist that dental extractions in such cases may be followed by a fatal hemorrhage.

Gain Patient's Confidence

Although the assistant may have no time to make conversation with a patient, she should be able to note the tone or pitch of the voice when greetings are exchanged. It is usually high-pitched in the neurotic, tremulous in the hyperthyroid, lethargic in the hypothyroid and masculine in the postmenopausal syndrome. And let us go a step further and wring a confession from almost any dental assistant that she not only relishes a little tete-a-tete with patients, but, de-

spite the busiest schedule, she is able to find time for a few words.

The dentist who expects his assistant to devote every minute of her time to office housekeeping, helping in the laboratory, keeping the books and answering the telephone, will find himself associated with a lifeless and soulless automaton which casts a damp aura about the office, aggravating him and displeasing patients. The woman who gains the confidence of patients often learns details which are not generally given as freely to the dentist. The patient who began to menstruate that morning and was fearful about having her tooth extracted, may hesitate to tell the dentist, but will speak freely to the assistant. The dentist may be convinced that there is no relation between menstruation and the risk of dental extractions, but if an untoward postsurgical episode should occur, no scientific explanation will appease the patient or the family. Good will is as essential as skill in practice administration.

Other bleeding episodes like postpartum hemorrhage, easy bruising, and epistaxis, are occasional topics of conversation between patients and dental assistants. They have an important bearing in persistent gingival bleeding. The hormonal deficiency following a hysterectomy may be related to a complaint about perverted tastes. An occult toothache in a clinically sound tooth may be explained by the arteritis in the pulp which often accompanies diabetes.

There seems to be no end to the implications that may be made from the casual conversation between a patient and the dental assistant, if the latter learns what part of it is important to the dentist in the diagnostic procedure. No woman can deny that life in a dental office can be more interesting when the dentist permits and encourages her to take part in the diagnostic program.

431 Oakdale Avenue
Chicago 14, Illinois

THE MECHANICS OF WALL STREET

(Continued from page 42)

mission would have been (although this is not true in every case).

You follow the price movements of an over-the-counter security in local newspapers, and the *Wall Street Journal* carries a listing of

considerable size. Additionally, you can ask your broker for a "quote" at any time.

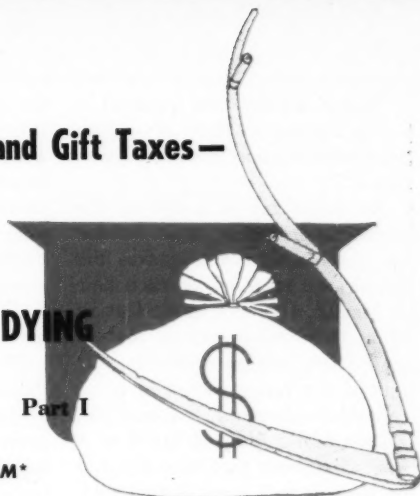
2232 Wirth Place
New Orleans 15, Louisiana

Estate, Inheritance, and Gift Taxes—

THE HIGH COST OF DYING

Part I

BY ALLAN J. PARKER, LLB, LLM*



An explanation of the estate and inheritance taxes, and possible deductions to be considered.

"ONLY death and taxes are certain," the saying runs, and even death may mean taxes!

The Federal Government levies an estate tax against all net estates in excess of a minimum of \$60,000; all of the States (except Nevada) impose estate or inheritance taxes, although some of these, such as Florida's, are small.

Since the federal tax has the historic purpose, in addition to raising revenue, of breaking up large dynastic estates, it is graduated, like the income tax. That is, the rates increase with the size of the estate. For example, in the case of a person residing in New York State using no part of the so-called "marital deduction" (to be dis-

cussed later), the combined federal and state death taxes would be as shown in the accompanying chart.

Few practicing dentists, however, are vitally concerned with the rate of tax on a \$10,000,000 estate. Let us rather take up some of the more practical questions of Doctor John White whose estate plan we considered in an earlier article.¹ Doctor White, a mature dentist, has a wife and three grown children, a moderately prosperous practice, maximum Social Security coverage for retirement; \$50,000 in ordinary life insurance; and about \$50,000 in all other assets, including his home.

*Mr. Parker is a member of the New York Bar.

¹Parker, A. J.: An Estate Plan for the Mature Dentist, *ORAL HYGIENE* 48:40 (April) 1958.

Doctor White's first question is —"*By the way, is there any difference between estate and inheritance taxes?*"

An estate tax is a tax on the whole estate before it is divided up. An inheritance tax taxes the inheritance received by each heir or legatee. One important feature of an inheritance tax is that in most states levying such a tax the rate of tax varies with who is receiving the property. For example, a legacy to a child is taxed at a somewhat lower rate than it would be if made to a more distant relative, and much lower than if it were made to a friend who was no relation at all.

Taxable Property

Doctor White's next question is —"*How does the Federal estate tax work? What property is taxed in my estate?*"

The answer to this is, briefly, all property in which the deceased taxpayer had an interest is taxed at his death. This includes real estate, stocks and bonds, mortgages, cash, and such other miscellaneous property as household goods, automobiles, or even uncollected fees. However, all Social Security benefits are excluded from federal and state death taxes.

All of these types of property are valued for estate tax purposes at their "fair market value," which means what they could reasonably be sold for either at the date of death or one year after death, at

the option of the taxpayer—or rather, the taxpayer's executor. This one-year provision was put into the law as a relief measure to protect estates from rapidly dropping values occurring shortly after death, such as the stock market crash of 1929.

"Is the value of my practice taxed?"

This is an asset which is includible in the value of the gross estate, but without the skill of the practicing dentist, it is likely to have relatively little good-will value beyond that of the office equipment.

"Is my insurance includible in my taxable estate?"

Life insurance of any kind is includible for federal estate tax purposes at its face value, less any outstanding loans and charges if the deceased insured was the owner of the policy at his death.

Many states, however, have special exemptions for life insurance for state estate or inheritance tax purposes.

Joint Ownership

"What about my house which is held jointly with my wife?" asks the dentist.

This property is includible in the husband's estate, except to the extent that a wife can prove that she furnished part of the purchase price or other consideration for the jointly-held property from her own funds. It is a widely-held misconception that owning property

FEDERAL AND STATE TAXES IN THE STATE OF NEW YORK

Taxable Estate	Tax
\$ 60,000	\$ 600 (state tax)
70,000	1,200
80,000	2,400
90,000	3,900
100,000	5,800
120,000	10,540
150,000	19,000
200,000	34,000
300,000	64,600
500,000	130,000
700,000	200,200
1,060,000	335,840
10,100,000	6,390,700

jointly necessarily saves federal estate taxes.

"Are there any deductions allowable as in the income tax?"

Deductions are allowed for estate tax purposes, including funeral and administration expenses such as counsel fees, debts and mortgages, bequests to charities, and, in many cases, the most important deduction of all—qualifying bequests to a surviving spouse. This so-called "marital deduction" deserves particular emphasis. A deduction is allowed for any amount of property, which is left in any qualifying bequest to his surviving wife, in an amount up to half of Doctor White's gross estate, less debts and administra-

tion expenses. Thus, if we assume for Doctor White a gross estate of \$100,000, debts and expenses of \$2000 and at least \$50,000 of insurance payable directly to his wife, the allowable marital deduction is \$49,000; the taxable estate is \$49,000, and the tax, after the \$60,000 exemption noted here, is zero. Full use of the marital deduction for most estates cuts the tax considerably more than in half, and virtually means that in estates up to \$200,000 the federal estate tax simply is not an important factor.

"But," says Doctor White, after doing a little figuring, *"if my wife dies after I do, she will then presumably have no marital deduction*

to use and her estate will have to pay an estate tax, won't it?"

Yes—although still not a large tax. But one way of avoiding even this tax would be for Doctor White to will her one-half of his estate outright (\$50,000) and one-half in a trust for her benefit during her lifetime. This trust half would not be taxed in her estate, as she would not own the property but

only a life interest in it.

"Another way would be for her to give property to our children before she died, wouldn't it?" suggests the dentist, now developing into a keen amateur tax lawyer.

Yes—but such action might incur a federal gift tax—the subject of the next article in this series.

120 Broadway
New York 5

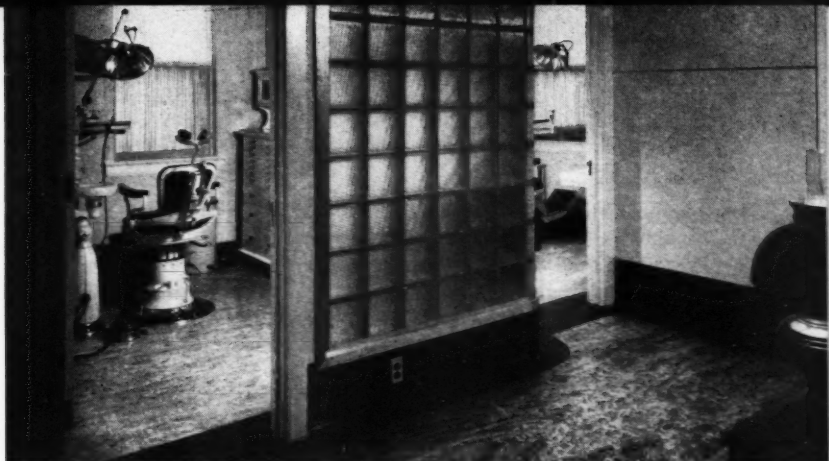
THE MUTUAL DEPENDENCY OF THE DENTIST AND HIS SUPPLIER

THE *Canadian Dental Journal* conducted a survey among 240 Ontario dentists to determine certain beliefs or conjectures held by dentists in respect to their dealers. The majority of the respondents indicated that the products and services of the dental dealers were "good." A few indicated "fair" to these questions, and not one respondent answered "poor." The majority also indicated that the profits of the dealers are reasonable. About 50 per cent of the dentists indicated their regard for dental dealers had been enhanced since graduation.

The dental profession, quite justifiably, should expect quality products and superior services from the dental trade industry. Concomitantly, however, it should realize that the industry has problems and difficulties which, in the main, can be greatly reduced by an understanding and cooperative profession. The mutual dependency of the dentist and the dental dealer will continue to make it possible to provide a high quality of dental service to the public whom it is our privilege to serve.—*Editorial, The Journal of the Canadian Dental Association.*

KELLOGG GRANT RECEIVED BY DENTAL SCHOOL

THE School of Dentistry of Fairleigh Dickinson University has announced that a grant of \$15,000 has been received from the W. K. Kellogg Foundation of Battle Creek, Michigan. The grant will be used, according to Doctor Walter Wilson, Dean of the School, for the establishment of a student loan fund to assist advanced students with short-term, low-interest loans over periods of stress. Doctor Wilson pointed out that dental training is one of the most expensive types of education both for the University and the students, as it requires thousands of dollars worth of instruments and equipment, as well as endless teaching materials.—*Bergen (New Jersey) Record.*



Practice Administration

Thought-Provokers

BY CHARLES L. LAPP, PhD, AND JOHN W. BOWYER, DBA*

Telephone Tip

As a reminder, put a mirror in a position where your receptionist must look at herself when she answers the telephone. Even though the person on the other end of the line does not see her smile, the smile in her voice that will result will be heard by the recipient on the other end of the line. Conversation on the telephone should be warm yet professional.

Can You Afford a Second Operating Room?

If you do not have a second operating room, check the gross income and the final net income of those dentists who have, and you will probably decide you cannot afford not to make the investment in a

*Doctor Lapp is Professor of Marketing; Doctor Bowyer is Associate Professor of Finance, Washington University, St. Louis.

second operating room yourself. Also, you will find many patients are more content to wait in an operating room than in your reception room.

Atmosphere of Your Reception Room

Now might be a good time to take a second look at your reception room. Is everything cheerful but yet conducive to a professional atmosphere? Unfortunately, some patients judge the dentistry you perform by the pictures, chairs, magazines, draperies, ventilation of the room, and even the amount and kind of lighting.

Organize Your Bracket Table

Instruct your chairside assistant as to how you want your bracket table set up. If you always know what will be on your bracket table and know where to reach for what you want you will be more efficient in performing your professional services.

The Dental Assistant

All too common is the argument of some dentists who do not have an assistant: "When I get more practice I will employ an assistant." To some extent this point of view is right. It is probably better to have established a minimum practice. However, beyond a certain point a dentist cannot perform good dental service trying to be a receptionist, bookkeeper, telephone operator, and a bill collector, as well as a dentist. For a period of time after a dentist has taken on an assistant or an additional assistant he may net less. However, if over a period of one year the assistant does not add to his net income, then she is not performing enough duties, or he has made the wrong choice.

Do Not Be Reluctant to Rectify a Mistake

If a dentist makes a mistake in buying a piece of dental equipment, he stops using it. However, it seems that many dentists are too reluctant to rectify a mistake made in selecting an assistant and just wait, hoping she will quit. If an assistant with sufficient training fails, over a reasonable period of time, to meet your standards, there is only one course of action to take and that is to discharge her.

Certain Dental Meetings May Help Your Assistant

An investment in your assistant or assistants may pay off. If you want a dental assistant to improve, to be more interested in her work, you may find these objectives can be accomplished by encouraging her to attend certain dental meetings. Also if you find one of your colleagues has an assistant that is particularly proficient in some area

in which you would like one of your assistants to be trained, you might get permission from your colleague to allow your assistant to work in his office for a few days mainly in the role of an observer.

Book of Procedures for Dental Assistant

Doctor Glenn Norman Brinker of the Indiana University School of Dentistry recommends a book of procedures for dental assistants which would include:

A. A basic statement of policy written by the dentist to apply to the practice-patient relationship as he would like to see it. This must be short, direct, and easy to condense in the assistant's mind.

B. A breakdown chart of responsibilities, such as suggested by Doctor J. Lewis Blass.

C. A specific list of the various duties and decisions in which the assistant must not become involved.

D. Specific instructions concerning the bookkeeping setup, patient recall, and other secretarial duties, with specific examples of the forms to be used fully explained.

E. Multiple photographs (preferably glossy 8 x 10's) of the following with appropriate captions:

1. Room arrangements.
2. Procedure setups.
3. Important drawer and cabinet arrangements.

F. Morning duties (preparation for the day).

1. Aerate rooms.
2. Dust furniture.
3. Tidy all rooms.

G. Evening duties before leaving.

Check Your Appearance

Your patients may have to wait ten years, or even may never know whether you are a good dentist. However, in ten seconds a patient can tell whether or not you *look* like a good dentist.

Recommendation by Doctor Robert F. Brigante

One of the best pre-extraction records that may be employed to great advantage is the photograph or old tintype that the patient brings to the office. This should be brought in on the first or second appointment to be of the greatest application. The use of the picture may prove to be of limited mechanical value in many cases, but the psychologic impact is still apparent. A tuned ear will listen for the patient's com-

ments when first presenting the picture. Here lies an insight into the personality that can be gained in no other way. Compare the difference between the patient who says, "I didn't have as many wrinkles when this picture was taken," with the patient who says, "Of course I don't expect to look that good anyway." Numerous examples could be cited to point up the use of this approach in analyzing what the patient really wants from the dentures.

Avoid Late Patients

To avoid late patient arrivals for appointments, here are some suggestions you might try:

1. Make certain each patient receives an appointment card.
2. Make appointments at an odd time such as 3:28 PM or 8:17 AM.
3. Ask the patient if he would like to be called on the day before, or the day of his appointment.
4. Emphasize to the patient the importance of calling and letting you know if he is going to be late or cannot make an appointment.
5. Work only a short time on the chronic offender, and explain that you hope you have more time on the next appointment.
6. Try to set up a reasonable schedule and then try to maintain it by having some cushion time set aside in the middle of the morning and the afternoon.

When You Need to Borrow Money

Do not forget the cash values of your life insurance policies. In today's money market, it is your cheapest source of money.

Small Business Investment Companies

You may be approached to invest in a small business investment company. Do not be too hasty in turning down this opportunity as it has some definite tax advantages as well as a real opportunity for profit. For more information on the formation of these companies, call the local office of the Small Business Administration. If you are offered this opportunity, as always investigate before you invest as there is no guarantee against loss.

Special Tax Provisions on Investments in Small Businesses

The present administration is bending over backward to help small business, and allows special deductions for losses on "small business stock." Investors in small businesses may get deductions against ordinary income up to \$25,000. This is more favorable treatment than is normally given such losses. See your tax attorney for the definition of "a small business" and details on tax savings from using these losses.

The High Cost of Idle Funds

Do not let large balances accumulate in your checking account. They cost you money. You can earn $3\frac{1}{2}$ to 4 per cent on these funds in savings and loan associations where your savings are insured against loss by the United States Government. Be careful, not all savings and loan associations accounts are government insured. If no savings and loan association in your area is paying a 4 per cent return, write to Practice Administration Thought-Provokers, ORAL HYGIENE, 708 Church Street, Evanston, Illinois, for the locations of some that are.

Florida and Alaska Promotions

Financial history repeats itself. These two areas have the "romance" that appeals to the average investor. This is fertile ground for the unscrupulous promoter. Not all promoters are unscrupulous, nor are all investments in these two areas poor ones. Just investigate, before you invest.

Beware of the Policy Switcher

Recently, an insurance man suggested to a dentist that he cancel all his insurance policies and buy new policies from him. The insurance man based this suggestion on the fact that the policies were issued by a small life insurance company. After inspection of the proposal, it was determined that this was not the wisest course of action. When an insurance man suggests this to you, be careful. Fortunately, most life insurance men are reputable, but once in a while you may find an unscrupulous one.

Tax Savings Available if You Own Your Office

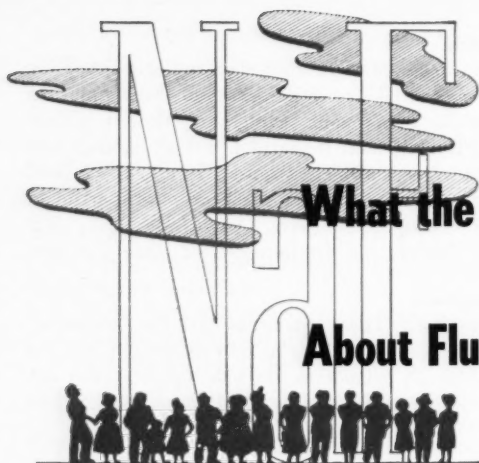
Rapid depreciation methods may save you taxes if you own a building. Be careful and do not use these rapid "charge-off" methods unless you think your income is about as high as it ever will be, because you use up depreciation. Have your tax man explain to you the nature of the three depreciation methods and how they could affect you.

Selection of a Good Mutual Fund Getting More Difficult

The number of mutual funds is growing at a fantastic rate making the job of selecting a good one more difficult. Look at the performance over the past few years before you buy. That is the test of whether the fund has good management. If this fund is new, a good rule is, do not buy.

*Washington University
St. Louis, Missouri*

April 1959



What the Public Knows

About Fluoridation

BY HILLIER KRIEGHBAUM*

IF ONE single theme could be used to test the general public's knowledge of recent developments in dentistry, probably the query would deal with fluoridation of drinking water. This topic has been the center of tremendous publicity during the past decade as hundreds of communities have voted on whether to add fluorides to their water supply, usually after lengthy debate and sometimes emotional controversies.

A recent survey reveals, for the

*Mr. Krieghbaum is chairman of the Surveys Committee, National Association of Science Writers, and chairman of the Department of Journalism, Communication Arts Group, New York University.

first time, extensive information on what the public does know about this subject. These results come from a public opinion poll of 1919 adults, selected to represent a typical cross section of the United States population. It was conducted for the National Association of Science Writers, a professional group of approximately 350 journalists, and New York University, which administered a grant from the Rockefeller Foundation. Drawing of the sample, field interviewing, data processing, and tabulating the results, all were done by the Survey Research Center of the University of Michigan.

While the principal focus of the survey was on public attitudes to-

A recent survey shows that the public's knowledge of fluoridation is related to education, use of mass media, and family income.

ward science, scientists, and science reporting, an attempt was made to ascertain just who knew what in four "touchstone" areas of science.

A section of the survey dealing with fluoridation of drinking water read: "In some places around the country fluorides are now being added to the drinking water. Have you heard anything about that? What do you think is the purpose of adding fluorides to the drinking water?"

A quarter of the sample (26 per cent) reported that they had never heard of fluoridation of drinking water. This compared with 4 per cent who said they had never heard of a vaccine for preventing poliomyelitis or infantile paralysis; 33 per cent who said they had never heard of radioactive fall-out or "dust" from atomic bombs; and 54 per cent who had not heard of space satellites. In connection with this last figure, it should be pointed out that the field work was done during the spring of 1957, or six months before Sputnik was launched.

Thus fluoridation ranked below the other medically oriented topics

and above the somewhat "pure science" subjects of radioactivity and space satellites.

This rating squared with observations of many science and medical writers who frequently have seen their news articles on medicine and health displayed more extensively than non-medical science stories. It is undoubtedly true that a sort of pragmatic, "What's there in it for me?" attitude exists with a considerable section of the public when it considers what news to select. If the readers, listeners, or viewers feel the information may have a personal application then it may have greater "consumption."

So much for the first part of the questioning on fluoridation. What about the probing question about the purpose of adding fluorides?

Here, the results present a somewhat discouraging note for those who want the mass media to be a great educational process for adult Americans. More misinformation was reported about fluoridation than any of the other three subjects—Salk vaccine, radioactivity, satellites.

One person in five (20 per cent) reported misinformation. Some 12 per cent confused fluoridation with chlorination, and 8 per cent gave answers that could be classified no better than half correct at best.

An additional 3 per cent said they had heard of fluoridation, but could recall no details concerning it.

Two-fifths of the sample (40 per cent) reported that it prevented tooth decay and strengthened teeth; and an additional 11 per cent gave such vague, but substantially accurate answers as, "It helps teeth," but did not specifically mention anything about tooth decay. Adding these two groups together brings a bare majority (51 per cent) who had any substantial background on why fluorides were added to drinking water.

Despite the controversial aspect of much of the preballoting debates on fluoridation in various communities around the country, only one respondent out of 25 questioned in the survey gave answers that would be called anti-fluoridation opinions.

Mild Fluoridation Opinions

Doctor Robert C. Davis, who was project director at the Survey Research Center for this opinion survey and is now assistant professor at the University of Wisconsin, made this interpretation of the responses to the question on fluoridation:

"There were, however, few answers which included comments that could be classified as anti-fluoridation responses. Only 4 per cent of the sample made these comments and most of them were *not* the wild, crackpot opinions that have figured in the antifluoridation fights. It would seem that the strength of the antifluoridation campaigners is not in numbers but

in organization, pressure, and propaganda."

This lack of intensity of feeling about fluoridation was reflected in another way. All persons interviewed were asked to recall news items about medicine and health that they had read, listened to, or seen during the past year. Only 1 per cent of the newspaper and radio audiences mentioned anything about fluoridation, and magazine and television users mentioned it less than one-half of 1 per cent, the minimum figure used in the tabulations. In each audience, it was only those who used that medium, not the full sample of 1919 persons, that were tabulated. Thus not more than one person out of 100 who used any medium was sufficiently moved to recall an item about fluoridation.

Typical Questionees

Who were some of the persons questioned and what were their replies?

Here is a West Coast electronics technician. He is in his early forties, earns approximately \$5000 a year, and has five children. He graduated from high school where he studied general science, biology, chemistry, and physics. He has had no other formal education. He reads his home town newspaper daily, subscribes to a number of general magazines such *Reader's Digest*, *Life*, and *Saturday Evening Post*, usually listens to radio for a half hour daily, and watches tele-

vision for two or three hours each day.

Asked about fluoridation, this man said it was to retard decay in children's teeth, and it would also increase the oral health of these children when they grew to be adults.

* * *

This woman is the wife of a manager of a Far West chain store. She is in her forties. The family income is approximately \$7000. There are two teen-age children in the family. She attended high school, but left during the junior year; she had taken a course in general science. She reads two newspapers daily, one from a nearby larger community. The family subscribes to several magazines of general interest and to *Today's Health*. Other members of the family listen to the radio, but not this wife and mother. She spends approximately an hour and a half daily watching television programs, especially plays, variety shows, and science fiction.

Questioned about adding fluorides to drinking water, she said it was done to preserve the children's teeth and to help the teeth of adults too.

* * *

Here is a postal clerk in a middle Atlantic community. He is in his sixties and he earns slightly under \$5000 annually. He was graduated from high school where

he took a science course. He also completed a course at a radio school. He reported he read the local paper daily, watched television with his wife for several hours each day, and spent three to four hours daily listening to foreign programs on his short wave set.

Asked about fluoridation, this man said that it was supposed to be done for the good of one's teeth and so approved it.

* * *

This woman is the wife of a laborer in a Midwestern city's department of water and streets. She works herself, as a machine operator in a factory. She is in her late thirties. She said she liked to watch television, especially Westerns and detective stories, and to play poker. The family income is under \$3000. She said she seldom reads the local daily paper, never listens to the radio, and infrequently buys a detective story magazine.

When she was queried about fluoridation, she replied that she had no idea why it was done but that "it tastes terrible." When the interviewer asked, "Are you thinking of chlorine?" this woman said that she was not sure.

* * *

This individual is unemployed, lives in a small Middle Western town, and is in his fifties. The family income was less than \$2000.

When he was asked about fluor-

idation, he answered that claims were made that it was to prevent tooth decay. Then he added, "That's what they claim; it's just more expense."

* * *

Here is a woman in her forties who works as a waitress at a hot dog stand in a Middle Western metropolis. She is a widow and has two sons, one 18, the other 20. She left school at the sixth grade. The combined family income of the widow and her eldest son is approximately \$5000 a year. Infrequently she reads a metropolitan newspaper or a romance magazine, but she spends about an hour daily listening to radio and watching television.

She reported that she thought fluorides were added to drinking water as a preventive for poliomyelitis.

* * *

What does all this add up to about the public's knowledge of fluoridation of drinking water?

1. A considerable majority of the American public has heard of adding fluorides to drinking water.

One may focus either on the 26 per cent who were uninformed, or the 40 per cent who had real knowledge about the topic.

2. Fluoridation, like other medical and health topics, apparently benefits from the high level of personalization associated with it. Americans now "consume" a great deal of news about medicine and health and many of them want more because the subject tends to involve them, their families, and their health. And this applies to stories about fluoridation, too.

3. Knowledge of the purposes of fluoridation, as was the case in the other three "touchstones" for scientific information used in this survey, seems to be related directly to (a) education, especially courses taken in some field of science or in general science, (b) extensive use of various channels of mass media with the greater use resulting in a greater knowledge that could be "played back" under questioning, and (c) family income.

*New York University
New York 3*

THE COVER

THIS MONTH's photograph of Veterans Memorial Park in Grand Rapids, Michigan, represents an invitation to the 102nd annual meeting of the Michigan State Dental Association to be held at the Civic Auditorium, Grand Rapids, from April 20 to April 22, 1959. For information and reservations please write to Doctor F. Wertheimer, Michigan Department of Health, Lansing, Michigan.

So You Know

Something

About

DENTISTRY!

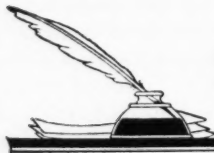


By ROLLAND C. BILLETER, DDS

Quiz 175

1. The average masticatory efficiency of dentures is about (a) 60, (b) 35, (c) 24, per cent of the normal denture.
2. Which of the following contribute largely to fractures of full porcelain veneer crowns? (a) Incorrectly balanced occlusion, (b) lack of adequate support to the porcelain, (c) improper use of cement.
3. True or false? At the focus-film distance used in dental roentgenography it is impossible for the dental patient to receive enough x-radiation to damage the blood-forming organs.
4. In general, tissue reaction to well-processed acrylic resin is (a) favorable, (b) unfavorable.
5. What is concrescence?
6. Most patients receiving drugs to reduce the appetite require (a) more, (b) less, than the usual dose of sedation for preoperative or postoperative medication.
7. True or false? The lower the water-powder ratio, the greater is the hygroscopic expansion of dental investment.
8. About what per cent of all breath odors originate from local oral conditions?
9. Radioactive isotope studies show amalgam is (a) inferior, (b) superior, to most restorative materials in marginal adaptation.
10. Is it wise to remove mesiodens before the completion of root formation of the central incisors?

FOR CORRECT ANSWERS SEE PAGES 80 and 81



EDITORIAL COMMENT

"Give me the liberty to know, to utter, and to argue freely according to my conscience above all liberties." John Milton

DOES YOUR COMMUNITY HAVE A DENTAL EMERGENCY SERVICE?

THESE are the days when the dental profession seems to have become conscious of the importance of good public relations. We have taken a leaf from the experience of big business and are using the media of communication to tell the public about dentistry. The trend will expand. So much to the good!

Like faith, public relations are lifeless without good works. Action speaks more eloquently than any combination of words. One concrete program of action would be the establishment of a dental emergency service in every community. The person in pain is interested in relief—not fulsome self-praise by the dental profession.

What has your dental society done to furnish emergency service at night, on Sunday, and holidays? In most communities nothing has been done to establish a coordinated method to supply anyone in distress with treatment after office hours. The plight is particularly severe for the traveler or for the person who is unacquainted with a dentist. Certainly everyone should have his own dentist, but many people do not. In a medical emergency a person can be reasonably sure that he will be able to get attention in a hospital. This is not true with a dental emergency. Few hospitals are prepared to handle such a situation.

Our Canadian colleagues have done something. The Academy of Dentistry in Toronto has a listing in the yellow pages of the telephone directory, with a legend in boldface "After Hours Emergency Service." A call to this number is taken by a telephone answering service during night hours, on Sundays, and holidays. The Academy has a roll of volunteers who serve on a rotating basis. A sufficient number of dentists volunteered to serve for an entire year.

The emergency service is maintained from 7 PM to 6 AM from Monday through Thursday, and from 6 PM to 6 AM on Friday and Saturday. The service is available all day Sunday and on holidays. As many as a dozen people have been relieved of their distress in a single night. (Population: Toronto 675,754.)

According to the Editor of *Oral Health* (J. H. Johnson, DDS)¹:

"This plan has now been functioning smoothly for over six months with a minimum of hitches. Two practitioners, usually selected from opposite sides of the city, so that traveling inconvenience to the public may be minimal, are available at all times. Complaints have been surprisingly few. Very occasionally someone on assignment has forgotten his obligation, but in the main everything has operated satisfactorily. It is anticipated that things will function with increasing smoothness with the passing years.

... "If the action of our Toronto confreres would bite deeply into the professional consciousness of other dental groups and result in the initiation of similar programs in other areas, it would be materially to the mutual advantage of both the public and the profession."

This kind of emergency treatment program can be established in any community. It should be. It is not regimentation or compulsion. Dentists volunteer for the service. They collect a reasonable fee for the treatment that they perform—direct from the patient.

In addition to the listing in the telephone directory it might be well to inform all local hospitals that such a service is available. It would also be wise to inform the local medical and pharmaceutical associations. That would be good public relations.

The best kind of public relations does not eulogize a product, a person, or a profession. The public wants to know what is being done directly for them to *improve* their comfort, pleasure, or well-being. An organization that praises itself too loudly is as much of a bore as a person who constantly boasts of himself. In the case of dentistry the public prefers relief from distress to rhetoric.

¹Johnson, J. H.: Mission Accomplished, Editorial, *Oral Health* 48:844 (November) 1958.

Edward J. Ayer

Q ASK Oral Hygiene A

Please send all correspondence for this department to:
The Editor, Ask Oral Hygiene, 708 Church Street, Evanston, Illinois. Enclose a stamped, addressed envelope for a personal reply. If x-ray films are sent, they should be protected with cardboard. We cannot be responsible for casts or study models that are mailed to this department.

Child Loosens Teeth

Q.—My grandson, who is a little over one year of age, evidently was annoyed with his two lower central and lateral incisors, so he managed to completely wedge them out of his mouth. This occurred over a period of time. Roentgenograms of his head show no pathosis of the bone. Do space maintainers always have to be constructed in such cases? If so, at about what age should they be applied?—M.F., New York

A.—The case of your grandson's extruding the lower incisor teeth poses a real problem. Study of the growth and development pattern of the human jaw indicates that in case of premature loss of teeth in the anterior segment, the forces for continued growth are less affected than if the same premature loss of teeth occurred in the posterior segment.

In consulting with an orthodontist as to the future course of action, we discussed the possibility of orthodontic appliances. The problems arising in using orthodontic means in a young child are manifold. In the first place, there would be little patient cooperation. In the second place, it might be difficult to know when orthodontic appliances might act more as a restraining force than as a means

to preserve space for the permanent incisors.

I would advise that you, as well as an orthodontist, keep a close watch on the unfolding deciduous dentition in order to determine the future course of action.

Mycostatin

Q.—I recall reading in ORAL HYGIENE that Doctor George Warner prescribed Mycostatin® to relieve irritated soft tissues of full mouth denture wearers. Where can I purchase Mycostatin? Our pharmaceutical houses do not know of it.—R.J.Y., Nebraska

A.—I believe you are referring to a statement made by Doctor V. C. Smedley in the June 1958 issue of ORAL HYGIENE.

The material you wish to obtain is Mycostatin Dusting Powder, which should be obtainable at most pharmacies. The manufacturer of this product is E. R. Squibb & Sons, 745 Fifth Ave., New York City. If you are unable to secure Mycostatin in your vicinity, I suggest you contact the manufacturer directly.

Iron Deficiency

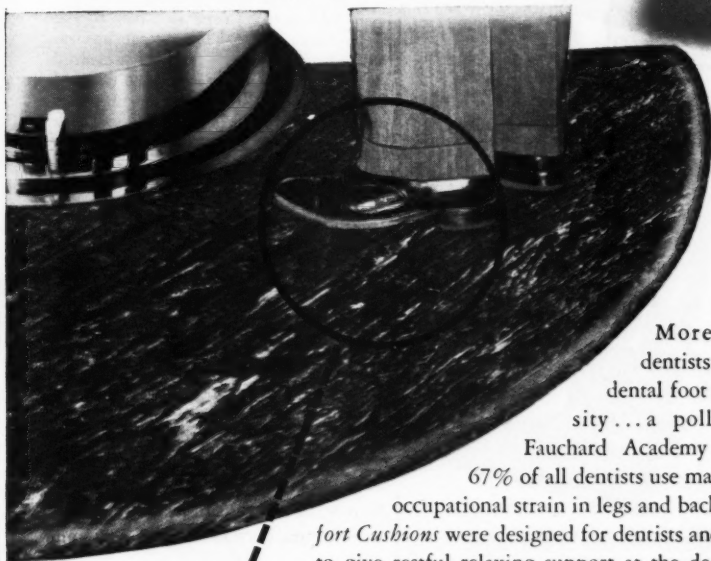
Q.—A woman patient aged 32 with fairly good mouth hygiene is suddenly
(Continued on page 66)

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You ache all over!*

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complaining of a burning sensation of the tongue and cheeks and the feeling of a dry and puffy mouth.

Her physician, aware of the fact that she recently lost a youngster, aged 3, with leukemia, told her it might be a "case of nerves." Since she has been on a fat-free bland diet for years her physician has increased her vitamin C intake.

Because of an incorrect bite an orthodontist made a plastic retainer which she wears at night. The orthodontist has ruled out the acrylic as a cause for this sensation.

I prescribed water-soluble Achromycin® tablets to be used as a mouthwash three times daily. The patient has informed me that the condition cleared completely, but as soon as she stopped using the tablets the sensation returned. What do you advise?—A.R.F., New York

A.—Burning sensations in the mouth are frequently the result of a niacin deficiency or an iron deficiency. I would suspect that both are present in this patient in view of the history of a fat-free diet. There is no doubt that emotional upsets contribute to stomadynia.

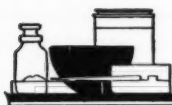
I would suggest a therapeutic dose of niacinamide (50 mg three times a day after each meal) for a period of 30 days, plus a mild sedative or tranquilizer. The niacin may be given alone or in combination with all the other vitamins, as a therapeutic capsule.

Nerve Trauma

Q.—About a year and a half ago, I extracted a lower right third molar for a young woman, age about thirty.

The extraction was accomplished almost exclusively by using a straight elevator, and no difficulty was encountered. The next day the patient complained of her lip still being numb as in anesthesia. There was no evidence of muscular dysfunction, but sensory dysfunction still persists.

(Continued on page 70)



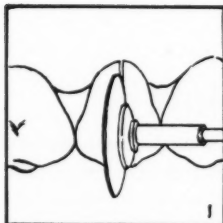
TECHNIQUE of the Month

Originated by W. EARLE CRAIG, DDS

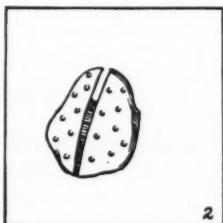
Gold Crown (or Abutment) Becomes Temporary Replacement

By ISAAC HELLMAN, DDS

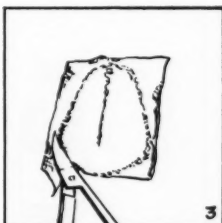
Drawings by Dorothy Sterling



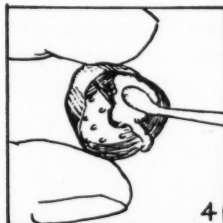
With bur or disk, slit crown on the labial. With a blunt instrument, loosen edges around slit. Remove. Clean out cement.



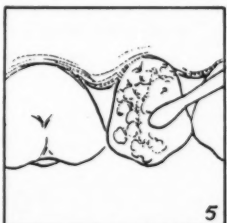
Drill several holes along each side of the slit and several more on the face of the crown.



Cut a piece of tinfoil the length and width of crown. Mix acrylic cement of proper shade.



Work acrylic from the inside of the face out through the holes and the slit. Cover inside with the tinfoil.



Contour the face of crown, adding acrylic if necessary. Place crown on tooth and allow to set (3-5 minutes). Remove. Cure. Polish.

Note to Contributors

We invite dentists to submit material for this page. \$10. will be paid for each technique used. It is not necessary to make finished drawings—or even sketches—if you explain the procedure clearly, in detail, in your letter. Submit material to:

Technique of the Month,
Oral Hygiene,
1005 Liberty Avenue,
Pittsburgh, Pennsylvania

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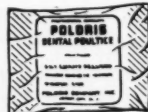
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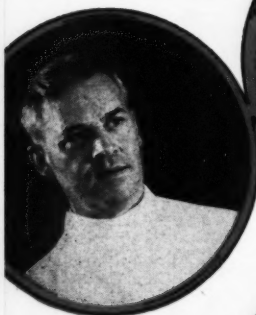


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Subsequent roentgenograms were negative, revealing no evidence of abnormality in the socket, or any evidence of collapse of the wall of the mandibular canal.

I prescribed B-complex tablets to be taken daily, but there is no evidence of any change in this condition. Would you suggest what steps should be taken?—M.M.K., New York

A.—The symptom that your patient has developed is not uncommon. It is my opinion that, in most cases, the trauma of extraction is not responsible for the damage to the inferior alveolar nerve. A pre-extraction neuroplasia must have existed; perhaps from an apical osteitis secondary to caries or other involvement, and the extraction merely was the stroke of finality to a situation which was about ready to manifest itself anyway. There is little cause for alarm, since new nerve tissue regenerates anywhere from eight weeks to three years. The patient should be advised that she will experience, at different times, prickly or burning-like sensations over the lip and cheek during the process of regeneration.

I would advise continuation of B-complex and include protein concentrates along with multiple vitamins.

Bleaching Teeth

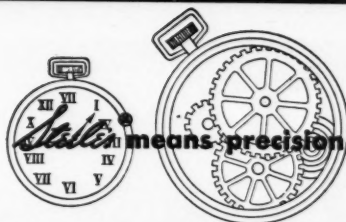
Q.—I would like to receive information on bleaching a discolored devitalized tooth. I know Pyrozone had been used at one time, but it is impossible to purchase this product.—B.B., Massachusetts

A.—The technique for bleaching teeth that I have found successful is as follows: Isolate the tooth with a rubber dam. Remove all filling

material from the crown of the tooth and for the coronal third of the root canal. Be sure that the root canal filling is satisfactory so that there can be no penetration of the root filling by the bleaching agent. Superoxol®, which is a 30 per cent solution of hydrogen peroxide in water, is the bleaching agent I use. A cotton pellet is placed loosely in the pulp chamber and the empty portion of the root canal and is flooded with the Superoxol. The cotton should be loose, acting as a wick to hold the fluid in the cavity. Then heat is applied, either with an old instrument that has been heated to redness, or heat from the hot air syringe, being careful not to have the air dislodge the bleaching solution. Several applications of Superoxol and heat are made, and usually after 15 to 20 minutes the tooth has lightened considerably.

If the tooth is not bleached to the desired shade, Superoxol may be sealed in the pulp chamber for a day or two. Be sure that the coronal seal of cement is tight. After the tooth has been bleached to the desired shade the cavity can be lined with a silicone fluid, which helps to seal the dentinal tubules in case the restoration placed in the crown should leak. Many of the bleaching failures, I believe, are due to leaky seals of the coronal cavities. If the discoloration is metallic, due to the type of restoration that has been placed in the tooth, bleaching is difficult; if the discoloration is due to the decomposition of organic material,

(Continued on page 72)



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Superoxol can be obtained from your dental supply dealer or druggist.

Dentures and Cleft Palate

Q.—Would it be possible for you to give me the procedure for taking impressions of an edentulous mouth with a cleft palate. The patient is a woman, approximately forty-six years of age. Would only an upper denture be successful? I should appreciate any comments.
—H.B.M., New Jersey

A.—Regarding the technique for making an impression of an edentulous upper jaw with a cleft, whether congenital or surgical, it is desirable to use modeling compound in a stock tray. The impression is removed from the tray and muscle trimmed. An attempt is made to secure an impression with fine detail. The impression is extended into the cleft, utilizing undercuts, if possible, to aid in the retention. The surface of the impression is then roughened, and holes may be drilled into the compound and a more refined impression is developed using an alginate material.

Depending upon the type of cleft, it is also possible to use a perforated stock tray, modifying it with utility wax, and using alginate in this modified tray to secure the impression.

A lower denture to occlude with the upper would be helpful, because it would tend to stabilize it. The problem with an oral prosthesis for a cleft palate naturally is that of retention.

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... especially formulated to meet the rigid requirements for fixed bridges — it performs equally well for removable and attachment cases. Thus, Aderer No. 3 Bridge Gold provides the opportunity of accomplishing a



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for complete mouth rehabilitation

FIXED BRIDGES

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with one metal



complete mouth rehabilitation with one metal to minimize the possibility of galvanic shocks or discoloration from electrolytic actions when different metals are used together.

Aderer No. 3 Bridge Gold — is not tempermental in casting — in fact, so long as this gold is adequately fluxed it cannot be injured during melting. It is desirable to get this gold as fluid as possible, heating it even to the point where it "spits" before casting. The more fluid the better for intricate castings and fine margins.

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Dentists in the NEWS

Scout Leader Honored

Two hundred seventy persons, including 108 Eagle Scouts met recently to hear Doctor Walter E. Chapman of Denver, honored in a speech by Governor Steve McNichols. Municipal Judge Robert Fullerton presented Doctor Chapman with a collection of 175 letters to him from among the 200 Eagle Scouts who have come from his Boy Scout Troop 28 since 1942. The Judge was the troop's 13th Eagle Scout.—*Denver (Colorado) Post*.

Remedy Cleft Palates By Teamwork

In Sinai Hospital there is a library of tape recordings—before and after records of children's voices. They begin with mumbling sounds that scarcely can be understood, and develop with time into clear speaking. These recordings with the dates are part of the demonstration of results in the Sinai Cleft Palate Habilitation Center where people skilled in medicine, dentistry, psychology, social work, and speech training, volunteer their services. These volunteers use the team approach to the problem of the cleft palate and cleft lip. They hold clinics at the hospital where each specialist examines and studies the case. Then they compare findings, with a dozen or more sitting in consultation, and make decisions about what can be done.

The center was organized early in 1955, with Doctor Herbert J. Bloom, Detroit oral surgeon who teaches at the University of Michigan, as the prime instigator. A father of a cleft palate patient gave early financial help. Only indigent patients were accepted until recently. Now the center will treat any-

body and accept whatever payment the family can afford. Such payments are used for supplies and clinical expenses.—*Detroit (Michigan) News*.

President of School Board

At a recent reorganization meeting of the Massillon City Board of Education, Doctor Robert M. Immel was elected president. He was elected to the board in 1955, and is beginning the fourth year of his term in office. Doctor Immel served as vice president last year.—*Canton (Ohio) Repository*.

Receives "Man of Year" Award

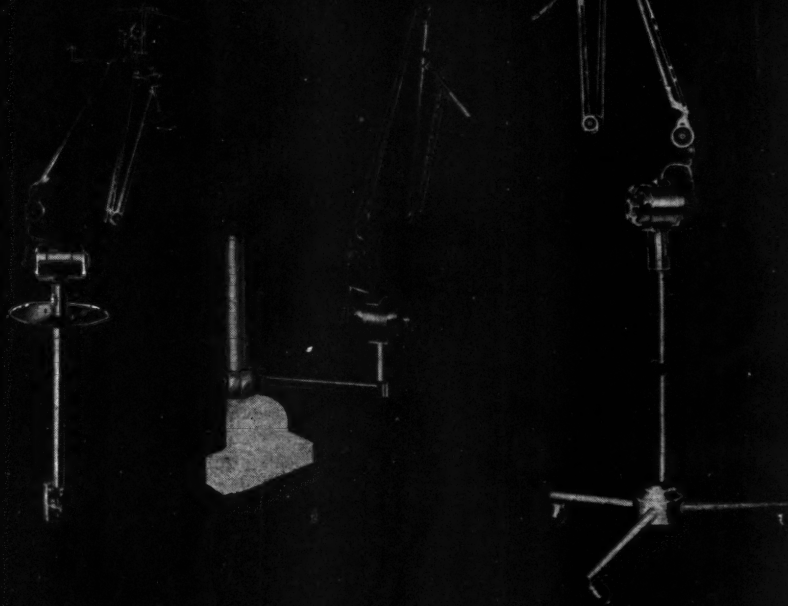
The Exchange Club in Lynchburg, Virginia, has named Doctor W. Carter Tinsley, Man of the Year. He is the fifth recipient of the annual award to the outstanding member of the club. Active in Exchange Club work for many years, Doctor Tinsley has recently been devoting most of his time to the youth committee. As chairman of this group, he was instrumental in the successful completion of a club project—erection of a Unit House at Girl Scout Camp Sacajawea. — *Lynchburg (Virginia) News*.

"Ham" Operator Has Unusual Friends

Doctor Charles L. Meistroff, of Richmond, has friends all over the world. He listens and talks over short wave "ham" radio sets many hours a week with other "hams." Some of them have become intimate friends, and he writes to them frequently. For instance—there are Tom Christian and Floyd McCoy on remote Pitcairn island; a bullfighter in Spain;

(Continued on page 76)

**NOW—MORE MODELS ...
MORE POWER ...
HIGHER SPEEDS ...**



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Phenacetin (3 gr.).....	194.0 mg.
Acetylsalicylic acid (2½ gr.).....	162.0 mg.
Hyoscyamine sulfate.....	0.031 mg.
Phenobarbital (¼ gr.).....	16.2 mg.

Dosage: 1 or 2 capsules as required.

Supply: Bottles of 100 and 500 capsules.

1. Strand, H. A., Henninger, F., and Dille, J. M.: J.A.D.A. 56:491, 1958.

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Ethical Pharmaceuticals of Merit since 1878

and men in Japan, Scotland, Ireland, and Israel.

Sometimes Doctor Meistroff does what he calls "international horse-trading" by radio. A boy in Donegal, Ireland, sent him 11 yards of handmade tweed in return for a set of radio parts. Because he speaks Spanish fluently, some German, and a little Italian, he does not have much difficulty in understanding other "hams" in these languages. He is also a military affiliate of the radio system of the United States Army.

Several articles by Doctor Meistroff have appeared in ORAL HYGIENE. In *The Dentist and Ham Radio*, published in January 1955, he recommended "Ham Radio" as a hobby with stimulating, world-wide connections that can be employed in the office as a between-patients relaxer. — *Richmond (Virginia) News Leader*.

**Three Generations Span
US History**

Doctor Charles A. Priest of Marion, Indiana, who is 83 years old and still practicing dentistry, had a grandfather who fought in the Revolutionary War, and an uncle who fought in the War of 1812. Thus, the Priest family, starting with the grandfather, Jeremiah Priest, who was born in 1755, spans the entire history of the United States, which now covers 182 years. — *Marion (Indiana) Leader Tribune*.

Honored For Community Service

The Sacramento Dental Society recently honored Doctor John Elmer Kennedy for his years of community service. He has been a member of the Sacramento City Board since 1938, and has practiced dentistry in the city since 1916. During the depression years, Doctor Kennedy helped organize the city's free dental clinic. He was a member of the county health and welfare board 25 years until his resignation this year. — *Sacramento (California) Bee*.

Marionette Production A Success

For the enjoyment of others, some people are willing to go to any lengths. An excellent example of this spirit was the presentation of the marionette show entitled, "Eliza," a take-off on MY FAIR

LADY. Many people worked hours perfecting countless details for the production set to the songs and rhythms of the popular stage show. Climaxing the efforts of a family group was the surprise presentation for the children of St. Joseph's parochial school at Rockdale, and members of the Mothers' Club of the school.

Doctor and Mrs. George A. Kunke of Rockdale, hit on the idea of "Eliza" as they were returning home from seeing MY FAIR LADY in Chicago. Mrs. Kunke had assisted her sister and father with marionette shows some ten years ago. They called a family conference, and everyone liked the idea.

Mrs. Kunke and her sister made new costumes for the marionettes, and their father assembled the stage. Doctor Kunke secured the complete set of musical scores from the show, and his brother-in-law set about rigging loudspeakers and arranging technical details for the music. To help the audience keep abreast of the story of "Eliza," the Kunkes prepared and mimeographed a two-page sheet explaining the songs and the play action. Each member of the audience was given a copy.—*Joliet (Illinois) Herald-News.*

Saw Rise of Atlas

Rochester's dental health supervisor, Doctor Hugh M. Averill watched the rise of the four-ton Atlas satellite from an airplane. He was returning from Brazil where he helped plan dental caries experiments along an Amazon River tributary. The plane was flying about 150,000 feet, within the "safety zone" at Cape Canaveral, Florida. The passengers rushed to the right side of the plane to watch when the pilot announced a rocket was being launched. Doctor Averill said he saw the rocket just after it left the launching pad, and watched it for about three minutes until it disappeared.—*Rochester (New York) Times-Union.*

Project Benefits Korean School

As the result of a personal "people to people" program conducted by Doctor J. Wilson Byers of Fort Collins, Yon Sei University in Seoul, Korea, has received a dental library of 232 books for a
(Continued on page 78)

For more severe dental pain

*Superior to
codeine
alone*

PHENAPHEN[®] with CODEINE

¼ gr., ½ gr., 1 gr.

Of five analgesic agents tested for relief of dental pain, PHENAPHEN with CODEINE ½ Gr. proved the most effective — superior to codeine alone.¹ The phenobarbital and hyoscyamine components of the PHENAPHEN formula were termed "effective synergistic agents in potentiating the analgesic effect of aspirin and codeine."¹

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1. Strand, H. A., Henninger, F., and Dille, J. M.: J.A.D.A., 56:491, 1958

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dental college it hopes to establish.

About a year ago Doctor Byers told professional and lay friends about the university's need for a school of dentistry. He received \$570 in cash and about 200 books. With the money he subscribed to three dental journals for the Korean school and bought 32 books to supplement the donated ones.—*Fort Collins (Colorado) Coloradoan*.

Finds Harmony in Charity

Doctor L. D. Redden, Jr. of Little Rock, Arkansas is a lead tenor with a barbershop quartet, and a charter member of the Society for the Preservation and Encouragement of Barbershop Quartet Singing in America. They recently gave a concert in Little Rock, and the proceeds went to the North Hills Exceptional Children's School in Sherwood.

A few of the other interests that keep Doctor Redden busy are: (1) The City Parks and Recreation Commission of which he is presently secretary-treasurer; (2) The Little Rock Public Schools, for

which he is the dental health consultant; (3) The Governor's Advisory Committee on Education, to which he is the Arkansas Dental Association representative.—*North Little Rock (Arkansas) Times*.

Awards for items submitted for this month's DENTISTS IN THE NEWS have been sent to:

Mrs. Delois Lopez, Route 1, Box 1067, Florin, California.

Mrs. Pauline Johnson, 313 North Briggs Street, Joliet, Illinois

Mrs. E. R. Cook, 4802 Russell Street, Richmond, Virginia

P. Thompkins, Box 69, London, Ohio

Walter Chapman, DDS, 904 Republic Building, Denver 2, Colorado

A. Colburn, 16875 Sussex, Detroit 35, Michigan

Mrs. J. A. Murphy, 363 Chili Avenue, Rochester 11, New York

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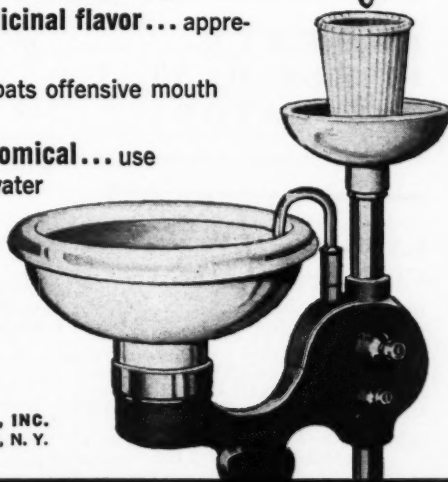
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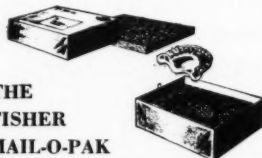
SO YOU KNOW SOMETHING ABOUT DENTISTRY!

ANSWERS TO QUIZ 175

(See page 61 for questions)

1. (c). (Yurkatas, A. A.: Effect of Missing Teeth on Masticatory Performance and Efficiency, Jour. Pros. Dent. 4:121 January 1954)
2. (a), (b). (Bartels, J. C.: Full Porcelain Veneer Crown, J. Pros. Dent. 7:538 July 1957)
3. True. (Dean, J. J.: Common Sense of Dental Radiography, J. Wis. D. Soc. 33:39 March 1957)
4. (a). (Stebner, C. M.: An Appraisal of Recent Significant Development in the Practice of General Dentistry, J. Pros. Dent. 7:829 November 1957)
5. The fusion of the cementum
(Continued on page 82)

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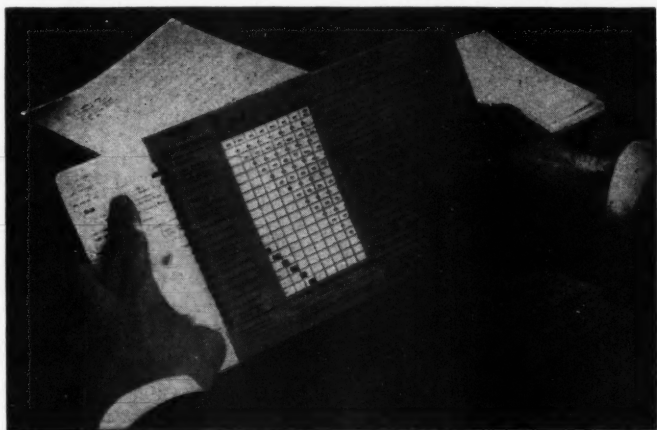
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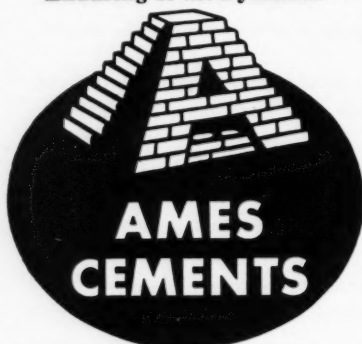
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- of the roots of normal developing teeth whose tooth-forming organs are in contact at the time this portion of the tooth structure is being laid down. (Archer, W. H.: A Manual of Oral Surgery, ed 2, Philadelphia, W. B. Saunders Company, 1956, page 372)
6. (a). (Accepted Dental Remedies, ed 23, American Dental Association, 1958, page 5)
 7. True. (Skinner, E. W. and Degni, Francisco: Hygroscopic Expansion of Dental Investments, JADA 54:603 May 1957)
 8. 90 per cent. (Hine, Maynard: Halitosis, JADA 55:44 July 1957)
 9. (b). (Phillips, R. W.: Research on Dental Amalgam and its Application in Practice, JADA 54:316 March 1957)
 10. No. (Douglas, B. L. and Kresberg, Harold: Mesiodens, Dental Radiography and Photography 30:70, No. 4, 1957)

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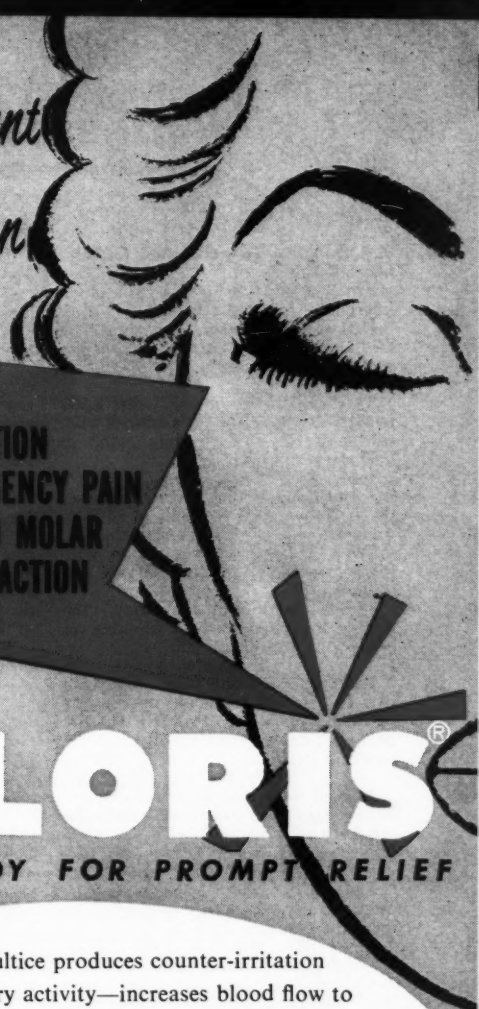
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Poloris Poultice produces counter-irritation to stimulate capillary activity—increases blood flow to relieve pain and speed the natural processes of repair.

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LAFFODONTIA

Parks—"The groom shot me for kissing the bride!"

Selden—"But kissing the bride after a wedding is an old custom."

Parks—"That's what I told him, but he claimed waiting seven years after the wedding is too long!"

Teacher—"If a farmer sells 4,500 bushels of wheat for \$2 a bushel what will he get?"

Student—"A Cadillac!"

A small boy, leading a donkey, passed by an Army camp. A couple of soldiers wanted to have some fun with the lad.

"Why are you holding on to your brother so tight for, sonny?" said one of them.

"So he won't join the Army," the youngster replied, without blinking an eye.

The teacher asked Billy why Noah took two of each animal on the Ark. To which Billy replied, "Probably because he wasn't one of those squares who believed in storks."

A small town is a place where everybody knows what everybody else is doing, but they read the local paper to see if they've been caught at it.

The young father, pushing a baby carriage, seemed quite unperturbed by the wails emerging from it.

"Easy now, Bill," he said quietly, "control yourself. Keep calm."

Another howl rang out, "Now, now, Bill," murmured the parent, "keep your temper."

A young mother passing by remarked: "I must congratulate you! You certainly know how to speak to babies calmly, gently." She patted the youngster on the head and cooed, "What's bothering you, Bill?"

"No, no," cried the father, "his name is Johnny. I'm Bill."

"You never kissed me like that before. Mary. Is it because we're in the dark?"

"No, it's because my name isn't Mary."

A little mink died and went to heaven where St. Peter met him at the gate.

"You were a good little mink on earth," said St. Peter, "so we'll give you anything you like. What do you want most?"

"Well," said the little mink, "I think I'd like a coat made of chorus girls."

The young married couple were having their first breakfast together in the hotel restaurant. When the shapely waitress brought the menu, she said, "Good morning, honey," to the groom.

Silence reigned until she left, then the bride blew up.

"Who is she?"

"Calm down darling," pleaded the groom. "I'm going to have enough trouble explaining you to her!"

Coed—"The boy I went riding with last night saw dark spots in front of his eyes."

Roommate—"What did he do?"

Coed—"Parked in one of them."

There was a big week-end party in California, in full swing when the earthquake came. Chimneys toppled and water mains were broken. All the guests rushed outside but one chap was missing.

The worried host dashed back and in the bathroom he found his friend knee-deep in water from the broken toilet.

The guest could only mumble, "Honest, Steve, all I did was pull the chain."

If your wife wants to learn to drive don't stand in her way.

A widow is the most fortunate person in the world. She knows all about men and all the men who know anything about her are dead.

Doctor...give your nose a break...

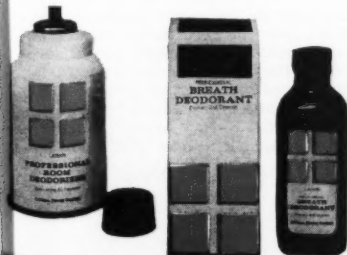
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night... with no unwanted "masking" fragrance. This refreshed air helps you work better, feel less fatigued.

Your sense of well being is also increased when you use the Laclede breath deodorant at intervals, on the tongue or as a gargle... and at the chair.

Patients and office personnel benefit too from odor control therapy with the Laclede Professional Room Deodorizer and Breath Deodorant. Offices and waiting rooms retain an "aura of freshness"—close contacts become more agreeable.



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WHAT'S NEW

IN PRODUCT DESIGN—
FUNCTION—ASSORTMENT



The purpose of this department is to provide a convenient, up-to-date source of new product information from data provided by manufacturers. You may obtain additional information by writing to them. Listing does not imply Oral Hygiene's endorsement.

Root Canal Cabinet — Contains 32 small compartments for instruments, paper and silver points, etc. Made of aluminum and has a coating of white enamel. Union Broach Co., Inc., Elmhurst, N.Y.

Jel-Pac—A solid pickling agent compound. Makes strong, effective pickling acid (mixed with tap water) which will not fume or produce corrosive vapor. J. F. Jelenko & Co., Inc., New York 19.

Super White Plaster—Clover Leaf X Standard Set Plaster is very white and guarantees an accurate, clean model. Intended specifically for orthodontic record models. Jay E. Healey Co., Newark 2, N. J.

X-Ray Viewer — Includes built-in electric clock. Magic dot holds film in place as diagnosis is being made. Crash-proof plastic. General Approved Products, Philadelphia 7.

Hospital-Type Basket — For office, home or laboratory. Won't chip, crack or dent. Available in white or yellow. General Approved Products, Philadelphia 7.

FG Utility Assortment—Contains 14 forms and sizes of S. S. White FG carbide burs, 6 popular numbers of FG diamond instruments, and an 18-hole FG bur and diamond instrument block. The S. S. White Dental Manufacturing Co., Philadelphia 5.

Antiseptic Liquid Soap—Introductory combination offer includes the new professional foot-operated Septisol Jr. Dispenser and one gallon of Sep-

tisol Liquid Soap. Foot-operated dispenser functions exactly like the standard Septisol dispenser. Vestal, Inc., St. Louis, Mo.

Bracket Table Covers—Now available for the large Alpha Unit (Philips). Is 16" in diameter and is of fine durable quality. Acme Paper Products Co., New York 11.

Bite-Lite — Designed to completely illuminate the oral cavity. Easily adapted to any unit. Shockproof and can be sterilized. Harry J. Bosworth Co., Chicago 5.

I. D. Powdered Medication—For use with immediate and relined dentures. Does not spread and remains in contact with the alveolar ridge when applied on denture. A special wetting agent is an adhesive carrier. A-Trol Laboratories, Topeka, Kansas.

Audio Training System—Is recorded on ten 12" high-fidelity records bound in two handsome albums. Offers a training course for the new dental assistant or a refresher for experienced assistants. Two albums are equivalent to six full days of class work and lectures. Harry J. Bosworth Co., Chicago 5.

Panorex—A complete self-contained panoramic dental x-ray machine. No special operator experience necessary as no positioning, except height, is needed. One big advantage is the vast reduction of radiation to patient and operator. Entire procedure furnished in 32 seconds. X-Ray Manufacturing Corp. of America, New Hyde Park, N.Y.

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A new, light blended shade of powder has now been added to Sevriton, America's most advanced acrylic filling material. Your dealer now has two new special Sevriton assortments which include the S5 powder and a new shade guide.

For the large Sevriton user there is the 12-color pack, consisting of 12 powders, two liquids and two shade guides. These shade guides show the full range of shades plus the four blenders. A five-color pack is also available, consisting of five powders, two liquids and the new shade guide.

Total cost of the 12-color pack is \$40, a saving to you of \$12 over the individual price. The five-color pack is \$20, giving you a \$4.50 saving.

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D-5 Dust Collector—Provides unusually strong suction that draws even the heaviest particles into the bag or tray. Protects operators' health by keeping air clean at all times. Fits any standard work bench. Equipped with handle for easy carrying from one wheel to another. Baldor Electric Co., St. Louis 10.

Disposable Needle—Sterile and free from portein soil. Used once and then disposed of, freeing dentist or assistant from tedious cleaning-sterilizing procedure. Made from same high quality steel as Cook-Waite rust-less steel needles. Also has the exclusive Huber Point. Available in boxes of 100, in two gauges and two lengths. Special introductory offer contains 100 needles and a free plastic syringe. Cook-Waite Laboratories, Inc., New York 18.

Wood-Point Holder—Lightweight ($\frac{1}{2}$ oz.) made of metal. Holds wood points for scaling tartar and plaques off teeth during prophylaxis. One end is for scaling posterior teeth; other end for anterior teeth. Is chrome-plated and has knurled end grips to facilitate holding and manipulating. Mynol Chemical Co., Philadelphia 43.

Postur-Dent — A simple conversion for the dental chair seat and back, providing the latest advancement for modern high-speed operation techniques. Available in a choice of standard dental chair leathers. Can be installed on almost any chair in minutes. Densco, Inc., Denver 1.

Zogenol—A prepared product of zinc oxide with zinc acetate added to speed the setting. Sold as package or as separate units. Regular package contains 48 GMS powder and 8 ML of liquid, and parchment pads. Economy size bottles are 1 lb. powder and 2 oz. liquid. Stratford-Cookson Co., Philadelphia 6.

No. 70 Series—Red Dot Diamonds provide the smallest size. Made for friction grip and also for right angle. Premier Dental Products Co., Philadelphia 7.

Periodontal Set—Includes six scalers,

1 knife, 4 lancets, 1 pocket probe, 2 R & L pocket marker pliers and 1 pair scissors. Packed in velvet-lined display case. Premier Dental Products Co., Philadelphia 7.

Space Maintainer Kit — Provides a new approach for the general practitioner. Technique is new and simplified for making efficient space maintainers in less than 20 minutes, and is pictorially described in booklet which accompanies kit. Contains standardized, prefabricated materials of specially-designed instruments. Williams Gold Refining Co., Inc., Buffalo 14.

Univac and Verident Mold Guides—Mold symbols describe the length, width and dominant labial characteristics of each set, and the mold guides display them accordingly, in an orderly arrangement. Correct tooth selection is greatly simplified and time is saved by dentist and/or laboratory. Color is neutral grey to blend with office decor. Universal Dental Co., Philadelphia 39.

Matrix Retainer—New Toothmaster design. For any tooth; any type restoration or wax pattern. For either ribbon or precut band. Disassembles into four parts for cleaning. Toothmaster Co., Racine, Wis.

Anatomy Models—True color models of vital organs 1/6 scale for study use or demonstrations. Complete modern man scale. Plastic Masters, Inc., Chicago 12.

Luralite Package — An impression paste with perfect balance between body and flow. Easy to mix; sets firmly in mouth. Bonus package contains: 3 standard boxes of Luralite Impression Paste and a generous supply of Kerr Formatray (for custom-built trays). Kerr Manufacturing Co., Detroit 8.

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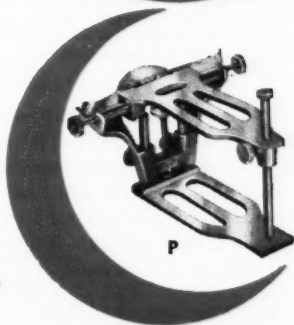
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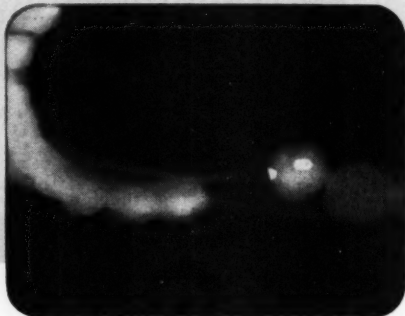
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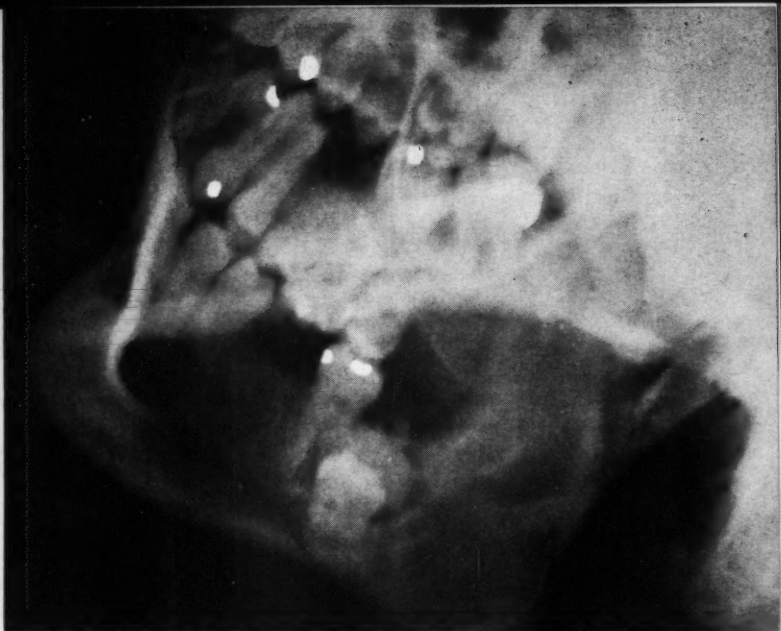
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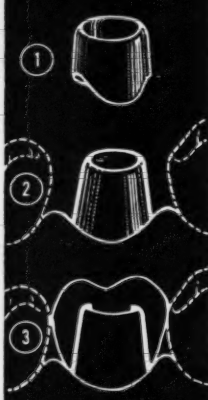
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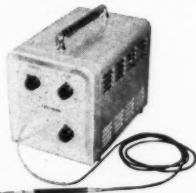
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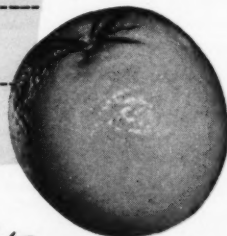
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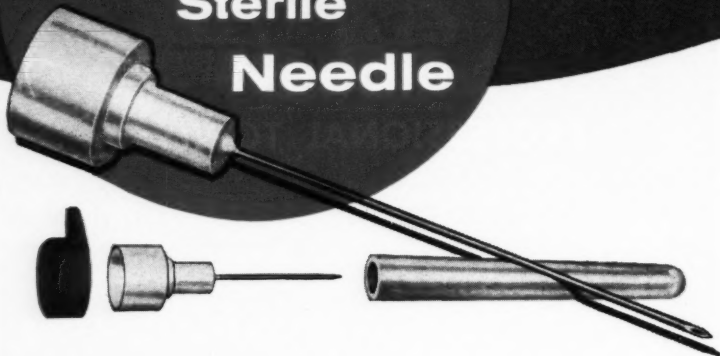
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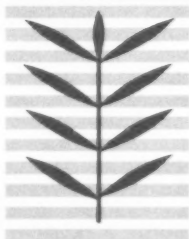
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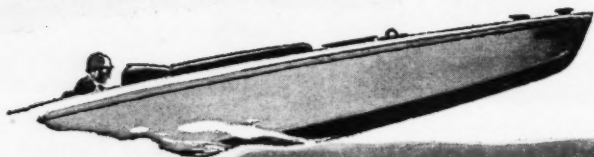


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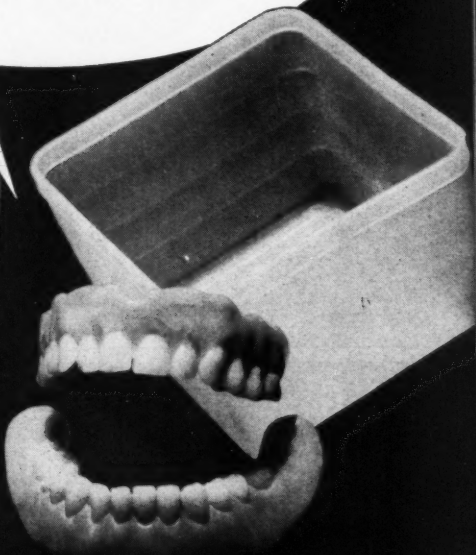
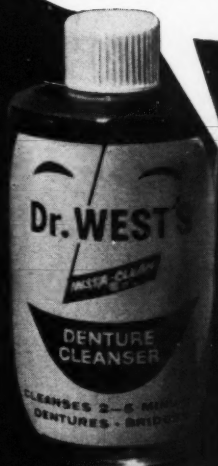
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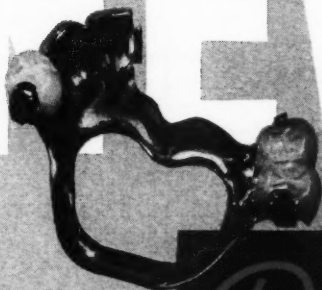
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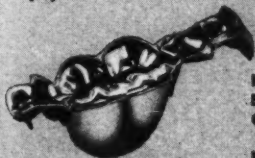
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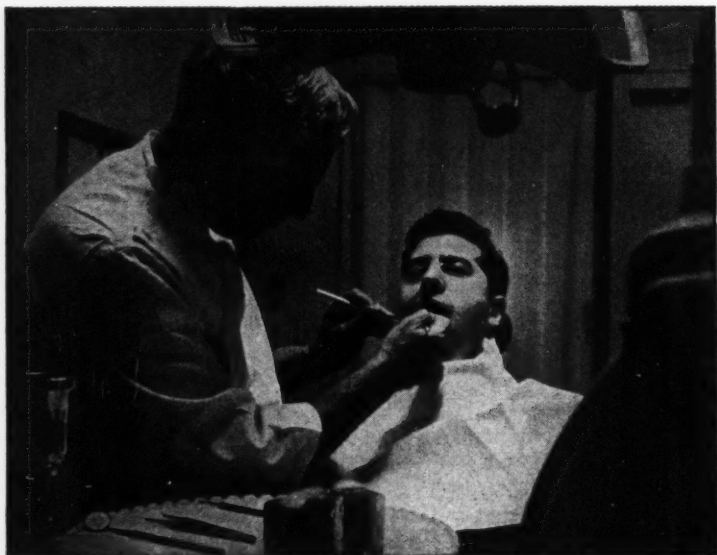
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in 79.2% of the cases studied



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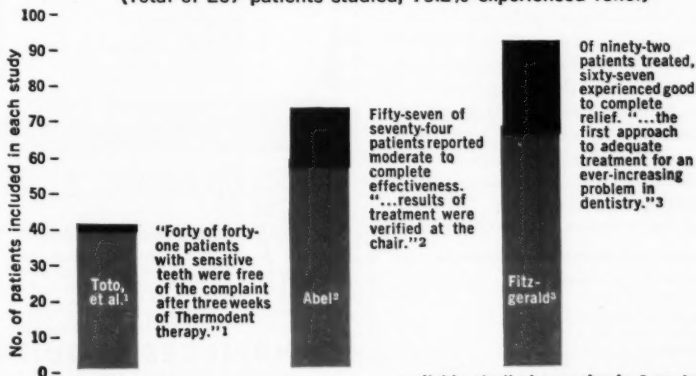
Published reports of clinical investigations show that patients who experience tooth pain from hot and cold or sweet and sour foods—as well as during cold weather—benefit measurably from regular brushings with Thermodent. In 571 observations on 92 patients, it was found that 42% of the patients had complete relief of dentine hypersensitivity—and 30% “good” relief—during regular use of Thermodent. All 92 patients “reported at least some benefit.”³

The reduced sensitivity afforded by Thermodent allows routine and thorough brushing for patients formerly unable to maintain proper oral hygiene. In addition, office visits are less painful because sensitivity to instrumentation is diminished—making for better patient cooperation and a saving of valuable chair time.

Thermodent for relief during painful dental procedures

In periodontia, for example, extreme dental sensitivity is normally encountered. In a recent study restricted to periodontal patients, the effectiveness of Thermodent as a desensitizing agent was shown by the following results: 97% of the patients experienced complete relief from hypersensitivity after three weeks of Thermodent brushing, yet control subjects with sensitive teeth “were not free from the complaint after five weeks on a placebo.”¹

SUMMARY OF RECENT THERMODENT CLINICAL STUDIES (Total of 207 patients studied; 79.2% experienced relief)



1. Toto, P. D.; Staffileno, H., and Gargiulo, A. W.: *J. Periodontology* 29:92 (July) 1958. 2. Abel, I.: *Oral Surg.* 11:491 (May) 1958. 3. Fitzgerald, G.: *Dental Digest* 62:494 (Nov.) 1956.

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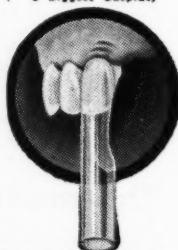


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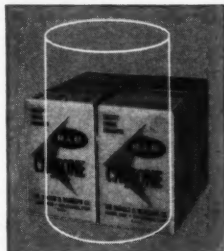
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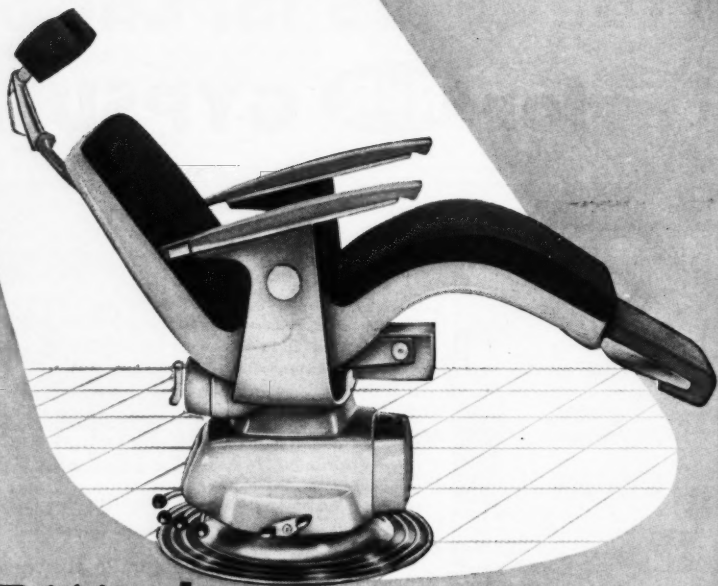
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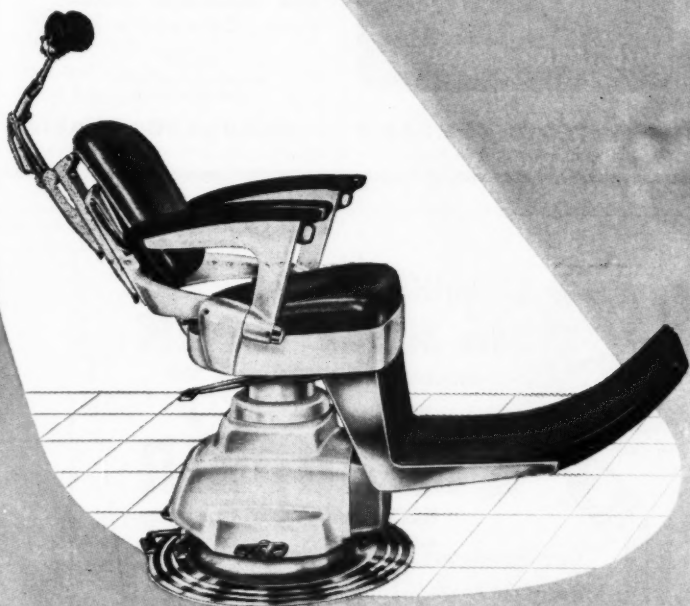


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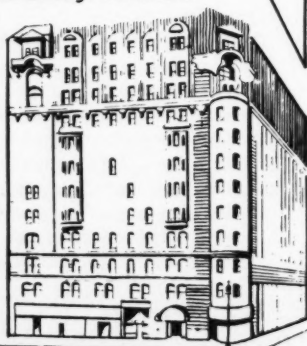
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1. Shaw, Jas. H., Caries-producing Factors: A Decade of Dental Research, J. Am. Dent. A., 55:785 (Dec.) 1957.
2. Ludwig, T. G., and Bibby, B. G., Acid Production from Different Carbohydrate Foods in Plaque and Saliva; Further Observations Upon the Caries-Producing Potentialities of Various Foodstuffs, J. Dent. Research, 36:56 (Feb.) 1957.
3. Bibby, B. G., Effect of Sugar Content of Foodstuffs on Their Caries-Producing Potentialities, J. Am. Dent. A., 51:293 (Sept.) 1955.

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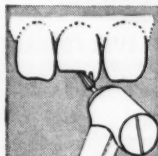
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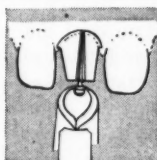
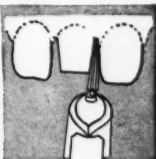


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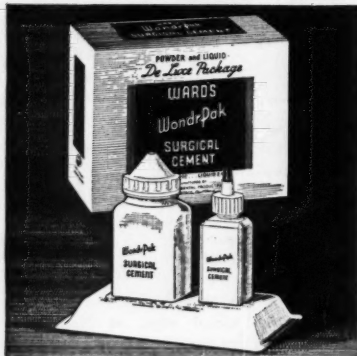
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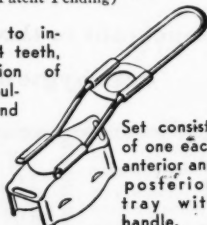
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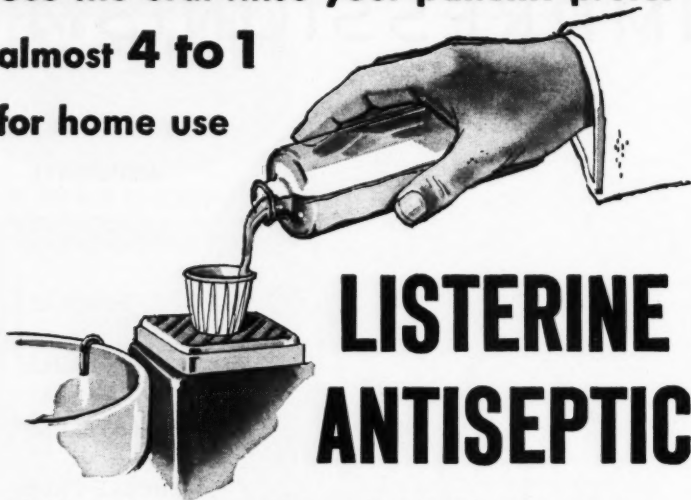
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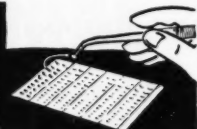
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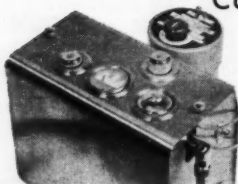
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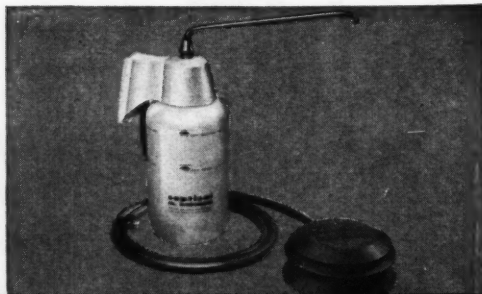
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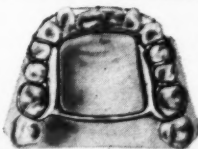


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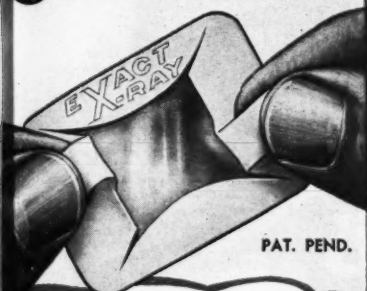
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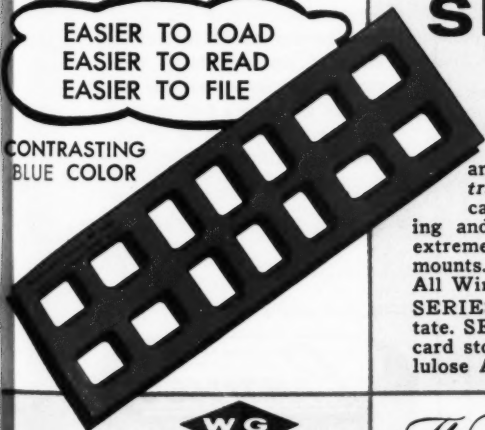
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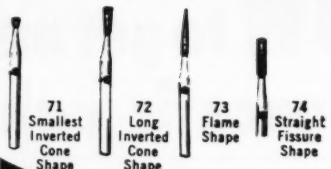
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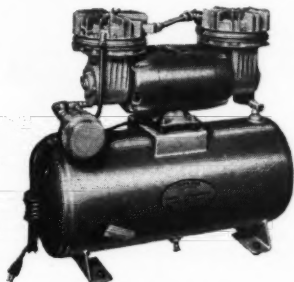
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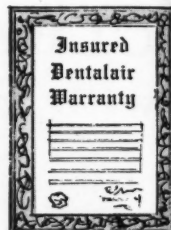
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****Prepared by:***

Edward J. Ryan, D.D.S.

Editor, Dental Digest, and

E. Cheraskin, M.D., D.M.D.,

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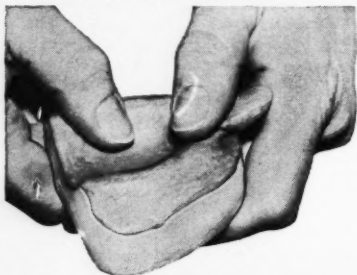
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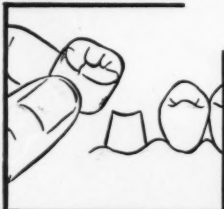
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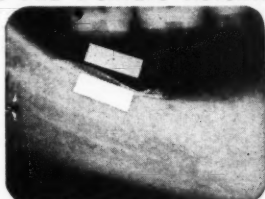
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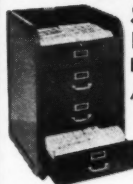
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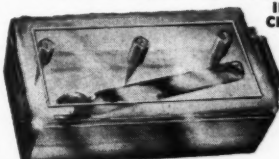


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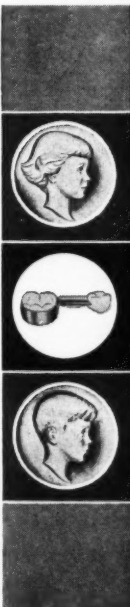
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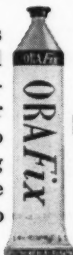
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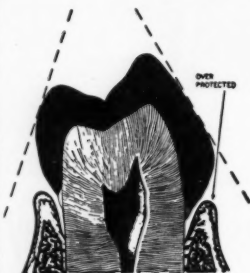
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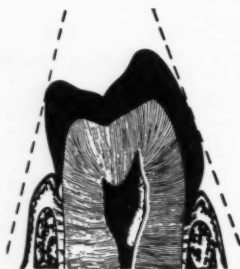
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UNDER CONTOURED



OVER CONTOURED



NORMAL CONTOURED

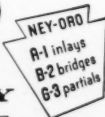
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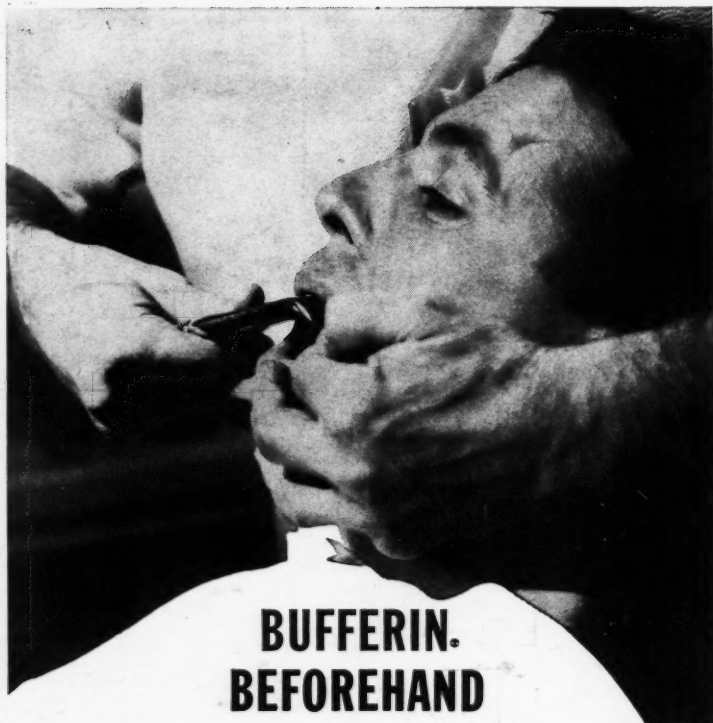
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